| Fill in this information to identify your case: |                               |                             |
|---|-------------------------------|-----------------------------|
| United States Bankruptcy Court for the:         |                               |                             |
| WESTERN DISTRICT OF MICHIGAN                    |                               |                             |
| Case number (if known)                          | Chapter you are filing under: |                             |
|   | ■ Chapter 7                   |                             |
|   | ☐ Chapter 11                  |                             |
|   | ☐ Chapter 12                  |                             |
|   | ☐ Chapter 13                  | ☐ Check if this amended fil |

### Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa  | t 1: Identify Yourself  |  |   |
|---|---|--|---|
|   |   | About Debtor 1:                                  | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name  |  |   |
| your governmen<br>picture identifica<br>example, your d | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Tareq First name  M Middle name                  | First name  Middle name                       |
|   | Bring your picture identification to your meeting with the trustee.   | Ghunaim Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  | All other names you have used in the last 8 years   |  |   |
|   | Include your married or maiden names.   |  |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)         | xxx-xx-3357                                      |   |

Debtor 1 **Tareq M Ghunaim** 

Case number (if known)

|                   |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
|-------------------|--|---|---|
| 4.                | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ☐ I have not used any business name or EINs.  Business name(s)  EINs  |
| 5. Where you live |  | 2413 E. Jolly Rd. Apt. 6 Lansing, MI 48910 Number, Street, City, State & ZIP Code Ingham County   | If Debtor 2 lives at a different address:  Number, Street, City, State & ZIP Code  County   |
|                   |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                                       | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  |
|                   |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code  |
| 6.                | Why you are choosing this district to file for bankruptcy  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one:  ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |

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Case number (if known)

| 7.   | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |           |  |   |   |                     |
|--|---|---|-----------|--|---|---|---------------------|
|  | choosing to file under  | ■ Chapt   | ter 7     |  |   |   |                     |
|  |   | ☐ Chapt   | ter 11    |  |   |   |                     |
|  |   | ☐ Chapt   | ter 12    |  |   |   |                     |
|  |   | ☐ Chapt   | ter 13    |  |   |   |                     |
| 8. How you will pay the fee  I will pay the entire fee when I file my petition. Please check with the clerk's about how you may pay. Typically, if you are paying the fee yourself, you may porder. If your attorney is submitting your payment on your behalf, your attorney a pre-printed address. |   |   |           |  | urself, you may pay with cash, cashier's check, or  | money   |                     |
|  |   |   |           |  | ments. If you choose this option of the control of | on, sign and attach the Application for Individuals to  | o Pay               |
|  |   | ☐ I re  | quest tha | at my fee be waive                       | ed (You may request this option   | n only if you are filing for Chapter 7. By law, a judg<br>ur income is less than 150% of the official poverty | e may,<br>line that |
|  |   |   |           |  |   | n installments). If you choose this option, you must<br>cial Form 103B) and file it with your petition.       | fill out            |
| 9. Have you filed for bankruptcy within the  |   |   |           |  |   |   |                     |
|  | last 8 years?   | ☐ Yes.  |           |  |   |   |                     |
|  |   |   | District  |  | When  | Case number   |                     |
|  |   |   | District  |  | When  | Case number   |                     |
|  |   |   | District  |  | When  | Case number   |                     |
| 10.  | Are any bankruptcy cases pending or being   | ■ No  |           |  |   |   |                     |
|  | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Yes.  |           |  |   |   |                     |
|  |   |   | Debtor    |  |   | Relationship to you   |                     |
|  |   |   | District  |  | When  | Case number, if known   |                     |
|  |   |   | Debtor    |  |   | Relationship to you   |                     |
|  |   |   | District  |  | When  | Case number, if known   |                     |
| 11.  | Do you rent your residence?   | □ No.   | Go to     | ine 12.                                  |   |   |                     |
|  | residence:  | ■ Yes.  | _         | our landlord obtaine  No. Go to line 12. | ed an eviction judgment agains  | t you?  |                     |
|  |   |   |           | 110. 00 10 1110 12.                      |   |   |                     |

Debtor 1 **Tareq M Ghunaim** 

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| Debt | or 1 Tareq M Ghunaim   | l                      | Case number (if known)  |     |
|------|--|------------------------|---|-----|
|      |  |                        |   |     |
| Part | 3: Report About Any Bu   | sinesses               | You Own as a Sole Proprietor  |     |
|      | Are you a sole proprietor of any full- or part-time business?  | ■ No.                  | Go to Part 4.   |     |
|      |  | ☐ Yes.                 | Name and location of business   |     |
|      | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. |                        | Name of business, if any  |     |
|      | If you have more than one sole proprietorship, use a   |                        | Number, Street, City, State & ZIP Code  |     |
|      | separate sheet and attach it to this petition.   |                        | Check the appropriate box to describe your business:  |     |
|      |  |                        | Health Care Business (as defined in 11 U.S.C. § 101(27A))   |     |
|      |  |                        | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))   |     |
|      |  |                        | Stockbroker (as defined in 11 U.S.C. § 101(53A))  |     |
|      |  |                        | ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))   |     |
|      |  |                        | ☐ None of the above   |     |
|      | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?  | deadlines<br>operation | filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropria. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement s, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedu. C. 1116(1)(B).  I am not filing under Chapter 11. | of  |
|      | For a definition of small business debtor, see 11 U.S.C. § 101(51D).   | □ No.                  | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankrupto Code.   | у   |
|      |  | ☐ Yes.                 | I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Cod   | de. |
| Part | 4: Report if You Own or  | Have Any               | Hazardous Property or Any Property That Needs Immediate Attention   |     |
|      | Do you own or have any   | ■ No.                  |   |     |
|      | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to   | ☐ Yes.                 | What is the hazard?   |     |
|      | or do you own any property that needs immediate attention?   |                        | If immediate attention is needed, why is it needed?   |     |
|      | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                                |                        | Where is the property?  |     |
|      | - ,  |                        | Number, Street, City, State & Zip Code  |     |
|      |  |                        |   |     |
|      |  |                        |   |     |

Debtor 1 Tareq M Ghunaim

Case number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Debtor 1 Tareq M Ghunaim |   |  |  | Case   | Case number (if known)  |  |  |
|--------------------------|---|--|--|--|---|--|--|
| Par                      | 6: Answer These Quest   | ions for R   | eporting Purposes  |  |   |  |  |
| 16.                      | What kind of debts do you have?   | 16a.   |  | consumer debts? Consumer debts a rsonal, family, or household purpose. | are defined in 11 U.S.C. § 101(8) as "incurred by an"   |  |  |
|                          |   |  | ☐ No. Go to line 16b.  |  |   |  |  |
|                          |   |  | Yes. Go to line 17.  |  |   |  |  |
|                          |   | 16b.   | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |  |   |  |  |
|                          |   |  | ☐ No. Go to line 16c.  |  |   |  |  |
|                          |   |  | ☐ Yes. Go to line 17.  |  |   |  |  |
|                          |   | 16c.   | State the type of debts you  | owe that are not consumer debts or b                                   | pusiness debts  |  |  |
|                          |   |  |  |  |   |  |  |
| 17.                      | Are you filing under Chapter 7?   | □ No.  | I am not filing under Chapto   | er 7. Go to line 18.   |   |  |  |
|                          | <b>after any exempt</b> are paid that funds will be available to distribute |  |  |  | pt property is excluded and administrative expenses editors?  |  |  |
|                          | property is excluded and administrative expenses                            |  | ■ No   |  |   |  |  |
|                          | are paid that funds will be available for                                   |  | □Yes   |  |   |  |  |
|                          | distribution to unsecured creditors?  |  |  |  |   |  |  |
| 18.                      | How many Creditors do   | <b>■</b> 1-49  |  | □ 1,000-5,000  | ☐ 25,001-50,000   |  |  |
|                          | you estimate that you owe?  | ☐ 50-99  |  | <b>5001-10,000</b>   | <b>5</b> 0,001-100,000  |  |  |
|                          |   | □ 100-1  |  | □ 10,001-25,000  | ☐ More than100,000  |  |  |
|                          |   | 200-9  | 99   |  |   |  |  |
| 19.                      | How much do you   | <b>\$0 - \$</b>  | 50,000   | □ \$1,000,001 - \$10 million   | ☐ \$500,000,001 - \$1 billion   |  |  |
|                          | estimate your assets to be worth?   |  | 01 - \$100,000   | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 millio            |   |  |  |
|                          |   |  | 001 - \$500,000<br>001 - \$1 million   | □ \$50,000,001 - \$100 millio  |   |  |  |
|                          |   | — фооо,  | oor - wr minion  |  | ·   |  |  |
| 20.                      | How much do you estimate your liabilities                                   | <b>\$0 - \$</b>  | ·  | □ \$1,000,001 - \$10 million   | □ \$500,000,001 - \$1 billion   |  |  |
|                          | to be?  | + / -  | 001 - \$100,000  | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 millio            | <u> </u>  |  |  |
|                          |   |  | 001 - \$500,000<br>001 - \$1 million   | □ \$100,000,001 - \$500 milli  |   |  |  |
|                          |   |  |  |  |   |  |  |
| Par                      | Sign Below  |  |  |  |   |  |  |
| For                      | you   | I have ex  | amined this petition, and I de   | eclare under penalty of perjury that th                                | e information provided is true and correct.   |  |  |
|                          |   |  |  |  | eligible, under Chapter 7, 11,12, or 13 of title 11, and I choose to proceed under Chapter 7.       |  |  |
|                          |   | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |  |  |   |  |  |
|                          |   | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.   |  |  |   |  |  |
|                          |   | bankrupt<br>and 357  | cy case can result in fines up<br>I.   |  | noney or property by fraud in connection with a to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, |  |  |
|                          |   |  | q M Ghunaim<br>I Ghunaim   | Signature of   | Debtor 2  |  |  |
|                          |   |  | e of Debtor 1  | Ť  |   |  |  |
|                          |   | Executed   |  | Executed or  | n   |  |  |
|                          |   |  | MM / DD / YYYY   |  | MM / DD / YYYY  |  |  |

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Debtor 1 Tareq M Ghunaim Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Ronald A. Zawacki                  | Date          | March 6, 2019        |
|--|---------------|----------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY       |
| Ronald A. Zawacki P31150               |               |                      |
| Printed name                           |               |                      |
| Ronald A. Zawacki                      |               |                      |
| Firm name                              |               |                      |
| 830 W. Lake Lansing Road               |               |                      |
| Suite 200                              |               |                      |
| East Lansing, MI 48823                 |               |                      |
| Number, Street, City, State & ZIP Code |               |                      |
| Contact phone <b>517-324-3743</b>      | Email address | Zawackilaw@yahoo.com |
| P31150 MI                              |               |                      |
| Bar number & State                     |               |                      |

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| Fill  | in this inform               | ation to identify your                          | case:  |  |               |                         |
|-------|------------------------------|---|--|--|---------------|-------------------------|
|       | otor 1                       | Tareq M Ghunain                                 |  |  |               |                         |
| Doh   | otor 2                       | First Name                                      | Middle Name  | Last Name  |               |                         |
|       | use if, filing)              | First Name                                      | Middle Name  | Last Name  |               |                         |
| Unit  | ted States Ban               | kruptcy Court for the:                          | WESTERN DISTRICT O                                       | DF MICHIGAN  |               |                         |
| Cas   | se number                    |   |  |  | ☐ Check       | if this is an           |
|       |                              |   |  |  | amend         | ded filing              |
|       |                              |   |  |  |               |                         |
| _     |                              | m 106Sum  | 112-1294   | Locately Otation Listens of an   |               |                         |
|       |                              |   |  | are filing together, both are equally responsible                        |               | 2/15                    |
| infor | mation. Fill o               | ut all of your schedul                          | es first; then complete th                               | the box at the top of this page.   |               |                         |
| Part  | t 1: Summa                   | rize Your Assets                                |  |  |               |                         |
|       |                              |   |  |  | Your as       | ssets<br>f what you own |
| 1.    | Schedule A/<br>1a. Copy line | <b>/B: Property</b> (Official Fo                | orm 106A/B)<br>rom Schedule A/B                          |  | \$            | 0.00                    |
|       |                              |   |  |  | \$            | 2,775.00                |
|       | 1c. Copy line                | 63, Total of all propert                        | y on Schedule A/B  |  | \$            | 2,775.00                |
| Part  | t 2: Summa                   | rize Your Liabilities                           |  |  |               |                         |
|       |                              |   |  |  | Your lia      | abilities               |
|       |                              |   |  |  |               | you owe                 |
| 2.    |                              |   | laims Secured by Property<br>mn A, Amount of claim, at   | (Official Form 106D) the bottom of the last page of Part 1 of Schedule D | \$            | 0.00                    |
| 3.    |                              |   | Unsecured Claims (Officia 1 (priority unsecured claim    | Form 106E/F)<br>s) from line 6e of <i>Schedule E/F</i>                   | \$            | 0.00                    |
|       | 3b. Copy the                 | e total claims from Part                        | 2 (nonpriority unsecured c                               | laims) from line 6j of Schedule E/F                                      | \$            | 31,069.27               |
|       |                              |   |  | Your total liabilities   | \$            | 31,069.27               |
|       |                              |   |  |  |               |                         |
| Part  | Summa                        | arize Your Income and                           | Expenses   |  |               |                         |
| 4.    |                              | Your Income (Official Foombined monthly incom   |  | I  | \$            | 1,486.00                |
| 5.    |                              | Your Expenses (Official onthly expenses from li | ,  |  | \$            | 1,397.00                |
| Part  | t 4: Answer                  | r These Questions for                           | Administrative and Stati                                 | stical Records   |               |                         |
| 6.    | -                            | • • •   | er Chapters 7, 11, or 13?<br>on this part of the form. C | heck this box and submit this form to the court with y                   | our other sch | edules.                 |
| 7.    | ■ Yes What kind o            | f debt do you have?                             |  |  |               |                         |
|       | ■ Your de                    | ebts are primarily con                          |  | debts are those "incurred by an individual primarily fo                  | r a personal, | family, or              |
|       |                              |   | - ','  | g for statistical purposes. 28 U.S.C. § 159.                             | is how and a  | Ibmit this form to      |
|       |                              | rt with your other sched                        |  | ve nothing to report on this part of the form. Check th                  | is bux and st | OJ MIOI SIIII JIIIIGE   |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Tareq M Ghunaim

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

1,858.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total clair | m     |
|--|-------------|-------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00  |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00  |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00  |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00  |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 87.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00  |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 87.00 |

|  | Case:19-  | 00855-SW0 D00  | c #:1 Filed: 03/06/19 Page 1  | .0 01 50  |
|--|---|--|---|---|
| Fill in this infor   | mation to identify your   | case and this filing:  |   |   |
| Debtor 1   | Tareq M Ghunain   | 1  |   | ]   |
| Dahtano  | First Name  | Middle Name  | Last Name   |   |
| Debtor 2<br>(Spouse, if filing)                                  | First Name  | Middle Name  | Last Name   |   |
| United States Ba   | ankruptcy Court for the:  | WESTERN DISTRICT OF  | F MICHIGAN  |   |
| Case number  |   |  |   | ☐ Check if this is an   |
| Case Humber  |   |  |   | ☐ Check if this is an amended filing  |
|  |   |  |   |   |
| Official Fo  | orm 106A/B  |  |   |   |
| <b>Schedul</b>   | le A/B: Prop  | erty   |   | 12/15   |
| think it fits best. E<br>information. If mor<br>Answer every que | Be as complete and accura<br>re space is needed, attach<br>stion. | te as possible. If two marrie<br>a separate sheet to this forr | ence. If an asset fits in more than one category, list people are filing together, both are equally response. On the top of any additional pages, write your expounded for the top of any additional pages. | ponsible for supplying correct  |
| 1. Do you own or   | have any legal or equitable                                       | e interest in any residence, b                                 | building, land, or similar property?  |   |
| No. Go to Pa   | rt 2.   |  |   |   |
| ☐ Yes. Where   | is the property?  |  |   |   |
| Part 2: Describe   | Your Vehicles   |  |   |   |
| 3. Cars, vans, tr  | rucks, tractors, sport ut   | ility vehicles, motorcycle                                     | es  |   |
| ☐ Yes  |   |  |   |   |
| _ 100  |   |  |   |   |
|  |   |  | nal vehicles, other vehicles, and accessories sels, snowmobiles, motorcycle accessories   | s   |
| ■ No   |   |  |   |   |
| ☐ Yes  |   |  |   |   |
|  |   |  | ntries from Part 2, including any entries for   |   |
| Part 3: Describe   | Your Personal and House   | ehold Items  |   |   |
| Do you own or  | have any legal or equita  | able interest in any of the                                    | e following items?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|  |   | linens, china, kitchenware                                     | е   |   |
|  |   |  |   |   |
|  | Househol  | d acode  |   | \$2,000.00  |

Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

Yes. Describe.....

| Debtor 1                | Tareq M Ghunaim   | Case number (if known)                                    |  |
|-------------------------|---|---|--|
|                         | playstation   |   | \$70.00  |
| Examp                   | tibles of value bles: Antiques and figurines; paintings, prints, or other artwoother collections, memorabilia, collectibles  . Describe   | work; books, pictures, or other art objects; stamp, coin, | or baseball card collections;  |
| Examp  No               | nent for sports and hobbies bles: Sports, photographic, exercise, and other hobby equi musical instruments  Describe                      | ipment; bicycles, pool tables, golf clubs, skis; canoes a | and kayaks; carpentry tools;   |
| ■ No                    | rms  nples: Pistols, rifles, shotguns, ammunition, and related eq  . Describe   | quipment  |  |
| □ No                    | es nples: Everyday clothes, furs, leather coats, designer wear . Describe   | r, shoes, accessories                                     |  |
|                         | Clothes   |   | \$500.00   |
| □ No                    | iry nples: Everyday jewelry, costume jewelry, engagement ring Describe  Necklace  | ngs, wedding rings, heirloom jewelry, watches, gems, g    | old, silver  |
| Exam No Yes.  14. Any o | arm animals  nples: Dogs, cats, birds, horses  Describe  other personal and household items you did not alread  Give specific information | dy list, including any health aids you did not list       |  |
|                         | the dollar value of all of your entries from Part 3, inclu<br>Part 3. Write that number here  |   | \$2,770.00   |
| Part 4: De              | escribe Your Financial Assets   |   |  |
|                         | wn or have any legal or equitable interest in any of the  | e following?  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 16. Cash Exam           | nples: Money you have in your wallet, in your home, in a s  | afe deposit box, and on hand when you file your petition  | on   |

☐ Yes.....

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| De  | ebtor 1                  | Tareq M Gh                            | unaim                          |  | Case number (if known)   |                       |
|-----|--------------------------|---------------------------------------|--------------------------------|--|--|-----------------------|
| 17. |                          |                                       |                                |  | counts; certificates of deposit; shares in credit unions, brokerage houses, ats with the same institution, list each.                          | and other similar     |
|     | □ No<br>■ Yes            |                                       | Í                              | ·  | Institution name:  |                       |
|     |                          |                                       | 17.1.                          | Savings                                    | Case Credit Union  | \$5.00                |
|     |                          |                                       | 17.2.                          | Checking                                   | Huntington National Bank   | \$0.00                |
|     |                          |                                       | 17.3.                          | Checking                                   | Case Credit Union  | \$0.00                |
| 18. | Examp<br>■ No            |                                       |                                | cly traded stocks<br>ent accounts with but | rokerage firms, money market accounts  |                       |
|     | Non-pu                   |                                       | tock and                       |  | porated and unincorporated businesses, including an interest in an L   | .LC, partnership, and |
|     |                          | Give specific in                      |                                | about them<br>me of entity:                |  |                       |
|     | Negoti<br>Non-ne<br>■ No | iable instrument                      | s include prents are formation | personal checks, ca<br>those you cannot tr | potiable and non-negotiable instruments ashiers' checks, promissory notes, and money orders. ransfer to someone by signing or delivering them. |                       |
| 21. |                          | ment or pension<br>oles: Interests in |                                |  | 403(b), thrift savings accounts, or other pension or profit-sharing plans  |                       |
|     | ■ No<br>□ Yes.           | List each accou                       |                                | ely.<br>of account:                        | Institution name:  |                       |
| 22. | Your s<br>Examp          |                                       | ed deposi                      | ts you have made s                         | so that you may continue service or use from a company<br>c, public utilities (electric, gas, water), telecommunications companies, or o       | thers                 |
|     | ■ No<br>□ Yes.           |                                       |                                |  | Institution name or individual:  |                       |
|     | Annuit ■ No □ Yes        | ` .                                   | ·                              | dic payment of mon                         | ney to you, either for life or for a number of years)  |                       |
|     | 26 U.S.                  | ts in an educati<br>C. §§ 530(b)(1),  |                                |  | qualified ABLE program, or under a qualified state tuition program.  |                       |
|     | ■ No<br>□ Yes            | lr                                    | nstitution r                   | name and description                       | on. Separately file the records of any interests.11 U.S.C. § 521(c):   |                       |
| 25. | Trusts                   | , equitable or fu                     | uture inte                     | rests in property (                        | other than anything listed in line 1), and rights or powers exercisable  | for your benefit      |
|     | ☐ Yes.                   | Give specific in                      | formation                      | about them                                 |  |                       |
|     |                          |                                       |                                |  | and other intellectual property leds from royalties and licensing agreements   |                       |

Official Form 106A/B Schedule A/B: Property page 3

 $\hfill \square$  Yes. Give specific information about them...

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| D  | ebtor 1                | _            | Tareq M (                  | 3hunaim -   |  |  | Case number (if known)                                |   |
|----|------------------------|--------------|----------------------------|---|--|--|---|---|
| 27 | Exam <sub>i</sub> ■ No | ple          | s: Building                |   |  | ive association holdings,                          | liquor licenses, professional licenses                | ;   |
| M  | loney or               | · pro        | operty owe                 | ed to you?  |  |  |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28 | ■ No                   |              | nds owed to                |   | ut them, including wh  | ether you already filed th                         | e returns and the tax years                           |   |
| 29 | ■ No                   | ple          | s: Past due                | or lump sum al  | imony, spousal suppo   | ort, child support, mainter                        | nance, divorce settlement, property s                 | ettlement   |
| 30 | Exam <sub>i</sub> ■ No | ple          | s: Unpaid v<br>benefits;   |   |  |  | pay, vacation pay, workers' compens                   | ation, Social Security  |
| 31 | . Interes<br>Exam      | sts<br>iple: | in insuran<br>s: Health, c | ice policies<br>disability, or life i<br>surance compan | nsurance; health savi<br>y of each policy and I<br>any name: |  | it, homeowner's, or renter's insuranc<br>Beneficiary: | e<br>Surrender or refund<br>value:  |
| 32 | If you somed           | are<br>one   | the benefi<br>has died.    |   | e you from someone<br>trust, expect proceed                  |  | olicy, or are currently entitled to receive           | ve property because   |
| 33 | Exam <sub>i</sub> ■ No | ple          | s: Accident                | •   | -  | filed a lawsuit or made<br>laims, or rights to sue | a demand for payment                                  |   |
| 34 | ■ No                   |              | •                          | nd unliquidated   | I claims of every nat  | ture, including counterd                           | claims of the debtor and rights to s                  | set off claims  |
| 35 | ■ No                   |              |                            | s you did not a   | Iready list  |  |   |   |
| 3  |                        |              |                            |   |  |  | for pages you have attached                           | \$5.00  |
| P  | art 5: De              | escr         | ibe Any Bu                 | siness-Related P  | roperty You Own or Ha  | ave an Interest In. List any                       | real estate in Part 1.                                |   |
| 37 | Do you  No. Ge         | o to         | Part 6.                    | ny legal or equita                                      | ble interest in any bus                                      | iness-related property?                            |   |   |

Official Form 106A/B Schedule A/B: Property page 4

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| Deb          | tor 1       | Tareq M Ghunaim   |                       | Case number (if known)       |             |
|--------------|-------------|---|-----------------------|------------------------------|-------------|
| Part         |             | scribe Any Farm- and Commercial Fishing-Related Property You Or<br>ou own or have an interest in farmland, list it in Part 1.       | vn or Have an Interes | st In.                       |             |
| 46. <b>[</b> | o you       | own or have any legal or equitable interest in any farm- or   | commercial fishin     | g-related property?          |             |
|              | No.         | Go to Part 7.   |                       |                              |             |
|              | ☐ Yes       | . Go to line 47.  |                       |                              |             |
| Part         | 7:          | Describe All Property You Own or Have an Interest in That You D   | id Not List Above     |                              |             |
| _            | Examp<br>No | have other property of any kind you did not already list?  oles: Season tickets, country club membership  Give specific information |                       |                              |             |
| 54.          |             | he dollar value of all of your entries from Part 7. Write that  List the Totals of Each Part of this Form                           | number here           |                              | \$0.00      |
| 55.          | Part 1      | : Total real estate, line 2   |                       |                              | \$0.00      |
| 56.          | Part 2      | 2: Total vehicles, line 5   | \$0.00                | _                            | <del></del> |
| 57.          |             | 3: Total personal and household items, line 15  | \$2,770.00            |                              |             |
| 58.          | Part 4      | 1: Total financial assets, line 36  | \$5.00                |                              |             |
| 59.          | Part 5      | 5: Total business-related property, line 45   | \$0.00                |                              |             |
| 60.          | Part 6      | S: Total farm- and fishing-related property, line 52  | \$0.00                |                              |             |
| 61.          | Part 7      | 7: Total other property not listed, line 54 +   | \$0.00                |                              |             |
| 62.          | Total       | personal property. Add lines 56 through 61  | \$2,775.00            | Copy personal property total | \$2,775.00  |
| 63.          | Total       | of all property on Schedule A/B. Add line 55 + line 62  |                       |                              | \$2,775.00  |

Official Form 106A/B Schedule A/B: Property page 5

|  |   | Case:19-0   | JU855-SW0 DOC#  | #:1 F  | -lied: 03/06/19  | Page 1   | 5 01 50   |  |
|--|---|---|---|--|--|--|---|--|
| Fi   | II in this informa  | ation to identify your c  | ase:  |  |  |  |   |  |
| De   | ebtor 1   | Tareg M Ghunaim   |   |  |  |  | ]   |  |
|  |   | First Name  | Middle Name   | L  | ast Name   |  |   |  |
| 1 -  | ebtor 2<br>pouse if, filing)  | First Name  | Middle Name   | L  | ast Name   |  |   |  |
| Ur   | nited States Bank   | kruptcy Court for the:  | WESTERN DISTRICT OF   | MICHIO   | GAN  |  |   |  |
| 1  | ase number  |   |   |  |  |  | ☐ Check if this is an amended filing  |  |
| 0  | fficial For   | m 106C  |   |  |  |  |   |  |
| S  | chedule   | C: The Pro  | perty You Cl  | aim  | as Exempt  |  | 4/16  |  |
| For special sp | property you list eded, fill out and se number (if known each item of precific dollar among applicable started—may be un emption to a particular and particular and services. | ed on Schedule A/B: Prattach to this page as mown).  roperty you claim as ecount as exempt. Altern tutory limit. Some exelimited in dollar amou | roperty (Official Form 106A/b<br>nany copies of Part 2: Additi<br>xempt, you must specify t<br>natively, you may claim the<br>mptions—such as those font. However, if you claim a | B) as yo<br>ional Pa<br>the amo<br>e full fai<br>or heal | our source, list the proper<br>age as necessary. On the<br>bount of the exemption y<br>ir market value of the p<br>th aids, rights to receiv<br>nption of 100% of fair n | top of any  rou claim. ( roperty bei e certain b narket valu | r supplying correct information. Using claim as exempt. If more space is additional pages, write your name and One way of doing so is to state a ng exempted up to the amount of enefits, and tax-exempt retirement e under a law that limits the , your exemption would be limited |  |
|  |   | the Property You Clai   | m as Exempt   |  |  |  |   |  |
| 1.   | Which set of e  | exemptions are you cla  | aiming? Check one only, ev  | en if yo   | our spouse is filing with y  | ou.  |   |  |
|  | ☐ You are clai  | ming state and federal r  | nonbankruptcy exemptions.   | 11 U.S   | S.C. § 522(b)(3)   |  |   |  |
|  | You are clai  | ming federal exemption  | s. 11 U.S.C. § 522(b)(2)  |  |  |  |   |  |
| 2.   | For any prope   | rty you list on Schedu  | le A/B that you claim as e  | xempt,   | fill in the information b  | elow.  |   |  |
|  |   | n of the property and line<br>at lists this property  | portion you own Copy the value from   |  | ount of the exemption you<br>eck only one box for each ex  |  | Specific laws that allow exemption  |  |
|  | Household g   | joods   | Schedule A/B \$2,000.00   |  | \$2  | ,000.00  | 11 U.S.C. § 522(d)(3)   |  |
|  | Line from Sche  | edule A/B: <b>6.1</b>   |   |  | 100% of fair market va<br>any applicable statutor  | ue, up to  |   |  |
|  | playstation<br>Line from Sche   | adula A/D: <b>7.1</b>   | \$70.00   |  |  | \$70.00  | 11 U.S.C. § 522(d)(3)   |  |
|  | Line from Sche  | edule AVB. T.1  |   |  | 100% of fair market va<br>any applicable statutor  |  |   |  |
|  | Clothes Line from Sche  | odulo A/P: 11 1   | \$500.00  |  |  | 500.00   | 11 U.S.C. § 522(d)(3)   |  |
|  | Line noin Sche  | GUIIG AVD. 11.1   | ~ <i></i>   |  | 100% of fair market value, up to any applicable statutory limit  |  |   |  |
|  | Necklace<br>Line from Sche  | edule A/B: <b>12.1</b>  | \$200.00  |  |  | 200.00   | 11 U.S.C. § 522(d)(4)   |  |

\$5.00

☐ 100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

\$5.00

Savings: Case Credit Union

Line from Schedule A/B: 17.1

11 U.S.C. § 522(d)(5)

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| 3. | e you claiming a homestead exemption of more than \$160,375?  bject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)  No |  |
|----|--|--|
|    | Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  ☐ No ☐ Yes   |  |

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| Fill in this infor                      | mation to identify your | case:              |             |       |                     |
|---|-------------------------|--------------------|-------------|-------|---------------------|
| Debtor 1                                | Tareq M Ghunaim         | 1                  |             |       |                     |
|   | First Name              | Middle Name        | Last Name   | <br>I |                     |
| Debtor 2                                |                         |                    |             |       |                     |
| (Spouse if, filing)                     | First Name              | Middle Name        | Last Name   |       |                     |
| United States Bankruptcy Court for the: |                         | WESTERN DISTRICT ( | OF MICHIGAN |       |                     |
| Case number                             |                         |                    |             |       |                     |
| (if known)                              |                         |                    |             |       | Check if this is an |
|   |                         |                    |             | I     | amended filing      |

#### Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

|  | Case.19-   | 00855-SWU   | DOC #.1   | Filed. 03/00/19  | Page 18                                   | 01 50                      |                                     |
|--|--|---|---|--|---|----------------------------|-------------------------------------|
| Fill in this inf   | ormation to identify your  | case:   |   |  |   |                            |                                     |
| Debtor 1   | Tareq M Ghunaim  | 1   |   |  |   |                            |                                     |
| Dahtar 0   | First Name   | Middle Name   | е   | Last Name  |   |                            |                                     |
| Debtor 2<br>(Spouse if, filing)  | First Name   | Middle Name   | e   | Last Name  |   |                            |                                     |
| United States  | Bankruptcy Court for the:  | WESTERN DI  | STRICT OF MICI  | HIGAN  |   |                            |                                     |
| Case number<br>(if known)  |  |   |   |  |   | _                          | heck if this is an<br>nended filing |
| Official Fo  | orm 106E/F   |   |   |  |   |                            |                                     |
|  | E/F: Creditors W   | ho Have U   | <b>Insecured</b>  | Claims   |   |                            | 12/15                               |
| Schedule G: Ex<br>Schedule D: Cro<br>left. Attach the<br>name and case | contracts or unexpired leases<br>ecutory Contracts and Unexp<br>editors Who Have Claims Sec<br>Continuation Page to this pag<br>number (if known). | ired Leases (Offic<br>ured by Property.<br>je. If you have no | cial Form 106G). Do If more space is n information to rep | o not include any creditors<br>needed, copy the Part you n | with partially se<br>eed, fill it out, no | cured claims umber the ent | that are listed in ries in the      |
|  | ditors have priority unsecure  |   |   |  |   |                            |                                     |
| ■ No. Go   | to Part 2.   |   |   |  |   |                            |                                     |
| ☐ Yes.   |  |   |   |  |   |                            |                                     |
| Part 2: Lis  | t All of Your NONPRIORIT   | Y Unsecured C   | laims   |  |   |                            |                                     |
|  | editors have nonpriority unsect that the nothing to report in this p   | _   | •   | your other schedules.                                      |   |                            |                                     |
| 4. List all of y unsecured   | your nonpriority unsecured cl<br>claim, list the creditor separately<br>reditor holds a particular claim, i  | y for each claim. Fo  | or each claim listed,                                     | , identify what type of claim it i                         | is. Do not list clair                     | ms already incl            | uded in Part 1. If more             |
|  |  |   |   |  |   |                            | Total claim                         |
| 4.1 <b>AFN</b>   |  | La  | ast 4 digits of acco                                      | ount number  |   |                            | \$1,323.00                          |
|  | iority Creditor's Name  Box 3097   | w   | /hen was the debt   | incurred?  |   |                            |                                     |
|  | mington, IL 61702  |   |   |  |   |                            |                                     |
|  | er Street City State Zip Code ncurred the debt? Check one.   | A   | s of the date you f                                       | ile, the claim is: Check all the                           | at apply                                  |                            |                                     |
| _  | btor 1 only  |   | Contingent  |  |   |                            |                                     |
| ☐ De   | btor 2 only  |   | Unliquidated  |  |   |                            |                                     |
| ☐ De   | btor 1 and Debtor 2 only   |   | Disputed  |  |   |                            |                                     |
|  | least one of the debtors and and   | J   | _   | ITY unsecured claim:                                       |   |                            |                                     |
| ☐ Ch<br>debt   | eck if this claim is for a com   | nunity  | Student loans   |  | n p e                                     |                            |                                     |
|  | claim subject to offset?   |   | Obligations arising port as priority clair                | g out of a separation agreemens                            | ent or divorce tha                        | t you aid not              |                                     |
| ■ No   |  |   | Debts to pension  | or profit-sharing plans, and ot                            | ther similar debts                        |                            |                                     |
| ☐ Ye   | s  |   | Other. Specify  | Collection RE: T Mobi                                      | le  |                            |                                     |
|  |  |   |   |  |   |                            |                                     |

| Debto | Tareq M Ghunaim   | Case number (if known)  |          |
|-------|---|---|----------|
| 4.2   | Aldous and Associates                                       | Last 4 digits of account number   | \$400.00 |
|       | Nonpriority Creditor's Name PO Box 171374                   | When was the debt incurred?   | ·        |
|       | Salt Lake City, UT 84117  Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply   |          |
|       | Who incurred the debt? Check one.                           | As of the date you me, the dam is. Oneck an that apply  |          |
|       | ■ Debtor 1 only   | ☐ Contingent  |          |
|       | Debtor 2 only   | ☐ Unliquidated  |          |
|       | ☐ Debtor 1 and Debtor 2 only                                | ☐ Disputed  |          |
|       | ☐ At least one of the debtors and another                   | Type of NONPRIORITY unsecured claim:  |          |
|       | ☐ Check if this claim is for a community                    | ☐ Student loans   |          |
|       | debt Is the claim subject to offset?                        | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|       | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|       | ☐ Yes   | ■ Other. Specify Collection RE: Diamond Wireless  |          |
| 4.2   | Allied Business Services                                    | Last 4 digits of account number   | ¢429.00  |
| 4.3   | Nonpriority Creditor's Name                                 | Last 4 digits of account number   | \$128.00 |
|       | PO Box 1799<br>Holland, MI 49422                            | When was the debt incurred?   |          |
|       | Number Street City State Zip Code                           | As of the date you file, the claim is: Check all that apply   |          |
|       | Who incurred the debt? Check one.                           |   |          |
|       | Debtor 1 only   | ☐ Contingent  |          |
|       | Debtor 2 only   | ☐ Unliquidated  |          |
|       | Debtor 1 and Debtor 2 only                                  | ☐ Disputed  |          |
|       | $\square$ At least one of the debtors and another           | Type of NONPRIORITY unsecured claim:  |          |
|       | ☐ Check if this claim is for a community                    | ☐ Student loans   |          |
|       | debt<br>Is the claim subject to offset?                     | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|       | ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |          |
|       | Yes   | ■ Other. Specify Collection RE: Advanced Radiology IRMC   |          |
| 4.4   | CACH LLC  | Last 4 digits of account number   | \$983.00 |
|       | Nonpriority Creditor's Name c/o Resurgent Capital Services  | When was the debt incurred?   |          |
|       | PO Box 1269<br>Greenville, SC 29603                         |   |          |
|       | Number Street City State Zip Code                           | As of the date you file, the claim is: Check all that apply   |          |
|       | Who incurred the debt? Check one.                           |   |          |
|       | Debtor 1 only   | ☐ Contingent  |          |
|       | Debtor 2 only   | ☐ Unliquidated  |          |
|       | ☐ Debtor 1 and Debtor 2 only                                | ☐ Disputed  |          |
|       | ☐ At least one of the debtors and another                   | Type of NONPRIORITY unsecured claim:  |          |
|       | ☐ Check if this claim is for a community                    | ☐ Student loans   |          |
|       | debt  | lacksquare Obligations arising out of a separation agreement or divorce that you did not                  |          |
|       | Is the claim subject to offset?                             | report as priority claims   |          |
|       | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|       | ☐ Yes   | Other Specify Collection RE: Walmart  |          |

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| Debto | Tareq M Ghunaim   | Case number (if known)  |            |
|-------|---|---|------------|
| 4.5   | Chase Card  | Last 4 digits of account number   | \$706.00   |
|       | Nonpriority Creditor's Name PO Box 15298 Wilmington, DE 19850 | When was the debt incurred?   |            |
|       | Number Street City State Zip Code                             | As of the date you file, the claim is: Check all that apply   |            |
|       | Who incurred the debt? Check one.                             |   |            |
|       | Debtor 1 only   | ☐ Contingent  |            |
|       | ☐ Debtor 2 only   | ☐ Unliquidated  |            |
|       | ☐ Debtor 1 and Debtor 2 only                                  | ☐ Disputed  |            |
|       | $\square$ At least one of the debtors and another             | Type of NONPRIORITY unsecured claim:  |            |
|       | ☐ Check if this claim is for a community                      | ☐ Student loans   |            |
|       | debt  | Obligations arising out of a separation agreement or divorce that you did not                             |            |
|       | Is the claim subject to offset?                               | report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts            |            |
|       | No  |   |            |
|       | Yes   | ■ Other. Specify Credit Card  |            |
| 4.6   | Consumers Energy Nonpriority Creditor's Name                  | Last 4 digits of account number   | \$1,000.00 |
|       | PO Box 740309<br>Cincinnati, OH 45274                         | When was the debt incurred?   |            |
|       | Number Street City State Zip Code                             | As of the date you file, the claim is: Check all that apply   |            |
|       | Who incurred the debt? Check one.                             |   |            |
|       | Debtor 1 only   | ☐ Contingent  |            |
|       | Debtor 2 only   | ☐ Unliquidated  |            |
|       | Debtor 1 and Debtor 2 only                                    | ☐ Disputed  |            |
|       | $\square$ At least one of the debtors and another             | Type of NONPRIORITY unsecured claim:  |            |
|       | ☐ Check if this claim is for a community                      | ☐ Student loans   |            |
|       | debt Is the claim subject to offset?                          | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|       | No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|       |   |   |            |
|       | ☐ Yes   | ■ Other. Specify Past Due Utility Services  |            |
| 4.7   | First Premier Bank  | Last 4 digits of account number   | \$461.00   |
|       | Nonpriority Creditor's Name 3820 N. Louise Ave                | When was the debt incurred?   |            |
|       | Sioux Falls, SD 57107  Number Street City State Zip Code      | As of the date you file, the claim is: Check all that apply   |            |
|       | Who incurred the debt? Check one.                             |   |            |
|       | Debtor 1 only   | ☐ Contingent  |            |
|       | Debtor 2 only   | ☐ Unliquidated  |            |
|       | ☐ Debtor 1 and Debtor 2 only                                  | ☐ Disputed  |            |
|       | ☐ At least one of the debtors and another                     | Type of NONPRIORITY unsecured claim:  |            |
|       | ☐ Check if this claim is for a community                      | ☐ Student loans   |            |
|       | debt Is the claim subject to offset?                          | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|       | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|       | ☐ Yes   | ■ Other. Specify Credit Card  |            |
|       |   |   |            |

| Debtor | 1 Tareq M Ghunaim  | Case number (if known)  |            |
|--------|--|---|------------|
| 4.8    | GFSII DBA Gateway Fn   | Last 4 digits of account number   | \$3,455.00 |
|        | Nonpriority Creditor's Name PO Box 3257                              | When was the debt incurred?   | ·          |
|        | Saginaw, MI 48605  | =   |            |
|        | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |
|        |  |   |            |
|        | Debtor 1 only  | Contingent  |            |
|        | Debtor 2 only  | Unliquidated  |            |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|        | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |            |
|        | ☐ Check if this claim is for a community                             | Student loans   |            |
|        | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|        | _  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|        | ■ No   |   |            |
|        | Yes  | ■ Other. Specify Auto Loan  |            |
|        | Independent Recovery Res   | Last 4 digits of account number   | \$51.00    |
|        | Nonpriority Creditor's Name  24 Railraod Ave                         | When was the debt incurred?   |            |
|        | Patchogue, NY 11772  |   |            |
| -      | Number Street City State Zip Code                                    | As of the date you file, the claim is: Check all that apply   |            |
|        | Who incurred the debt? Check one.                                    |   |            |
|        | Debtor 1 only  | ☐ Contingent  |            |
|        | Debtor 2 only  | ☐ Unliquidated  |            |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|        | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |            |
|        | ☐ Check if this claim is for a community                             | ☐ Student loans   |            |
|        | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |            |
|        | Is the claim subject to offset?                                      | report as priority claims   |            |
|        | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |            |
|        | ☐ Yes  | ■ Other. Specify Collection RE: Advanced Radiological Imag  |            |
| 4.1    | Jefferson Capital System   | Last 4 digits of account number   | \$785.00   |
| 0      | Nonpriority Creditor's Name  |   | Ψ1 00:00   |
|        | 16 McLeland Road<br>Saint Cloud, MN 56303                            | When was the debt incurred?   |            |
| -      | Number Street City State Zip Code                                    | As of the date you file, the claim is: Check all that apply   |            |
|        | Who incurred the debt? Check one.                                    |   |            |
|        | ■ Debtor 1 only  | ☐ Contingent  |            |
|        | Debtor 2 only  | ☐ Unliquidated  |            |
|        | ☐ Debtor 1 and Debtor 2 only   | □ Disputed  |            |
|        | At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:  |            |
|        | ☐ Check if this claim is for a community                             | ☐ Student loans   |            |
|        | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |            |
|        | Is the claim subject to offset?                                      | report as priority claims   |            |
|        | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|        | ☐ Yes  | ■ Other. Specify Collection RE: Verizon Wireless  |            |

| 1 Tareq M Ghunaim   | Case number (if known)  |            |
|---|---|------------|
| Krystle Turner  | Last 4 digits of account number   | \$87.00    |
| Nonpriority Creditor's Name                               | When was the debt incurred?   | ψ07.00     |
| 1813 Virginia St.<br>Birmingham, AL 35217-2435            | when was the debt incurred?   |            |
| Number Street City State Zip Code                         | As of the date you file, the claim is: Check all that apply                     |            |
| Who incurred the debt? Check one.                         |   |            |
| Debtor 1 only   | ☐ Contingent  |            |
| Debtor 2 only   | ☐ Unliquidated  |            |
| ☐ Debtor 1 and Debtor 2 only                              | ☐ Disputed  |            |
| At least one of the debtors and another                   | Type of NONPRIORITY unsecured claim:  |            |
| ☐ Check if this claim is for a community                  | ☐ Student loans   |            |
| debt  | Obligations arising out of a separation agreement or divorce that you did not   |            |
| s the claim subject to offset?                            | report as priority claims   |            |
| No  | ☐ Debts to pension or profit-sharing plans, and other similar debts             |            |
| ☐Yes  | Other. Specify  |            |
|   | Child Support   |            |
| Lansing Board of Water & Light                            | Last 4 digits of account number   | \$1,000.00 |
| Nonpriority Creditor's Name                               |   | . ,        |
| P.O. Box 13007  | When was the debt incurred?   |            |
| Lansing, MI 48901-3007  Jumber Street City State Zip Code | As of the date you file, the claim is: Check all that apply                     |            |
| Who incurred the debt? Check one.                         | 7.6 of the date you me, the stall the officer all that apply                    |            |
| Debtor 1 only   | ☐ Contingent  |            |
| Debtor 2 only   | □ Unliquidated  |            |
| ☐ Debtor 1 and Debtor 2 only                              | ☐ Disputed  |            |
| ☐ At least one of the debtors and another                 | Type of NONPRIORITY unsecured claim:  |            |
| ☐ Check if this claim is for a community                  | ☐ Student loans   |            |
| lebt  | ☐ Obligations arising out of a separation agreement or divorce that you did not |            |
| s the claim subject to offset?                            | report as priority claims   |            |
| ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts     |            |
| Yes   | ■ Other. Specify Past Due Utility Services                                      |            |
| Actoria Creater Longina                                   |   | \$2,000.00 |
| McLaren Greater Lansing Ionpriority Creditor's Name       | Last 4 digits of account number   | \$2,000.00 |
| P.O. Box 441575   | When was the debt incurred?   |            |
| Detroit, MI 48244-1575                                    |   |            |
| Number Street City State Zip Code                         | As of the date you file, the claim is: Check all that apply                     |            |
| Who incurred the debt? Check one.                         |   |            |
| Debtor 1 only   | Contingent  |            |
| Debtor 2 only   | ☐ Unliquidated  |            |
| Debtor 1 and Debtor 2 only                                | ☐ Disputed  |            |
| At least one of the debtors and another                   | Type of NONPRIORITY unsecured claim:  |            |
| Check if this claim is for a community                    | Student loans   |            |
| debt  | Obligations arising out of a separation agreement or divorce that you did not   |            |
| s the claim subject to offset?                            | report as priority claims   |            |
| No  | Debts to pension or profit-sharing plans, and other similar debts               |            |
| ☐ Yes   | ■ Other. Specify Medical Services   |            |

| 1 Tareq M Ghunaim  | Case number (if known)  |               |
|--|---|---------------|
| Midland Funding  | Last 4 digits of account number   | \$408.        |
| Nonpriority Creditor's Name 2365 Northside Dr. #300                  | When was the debt incurred?   | Ψ.00.         |
| San Diego, CA 92108  |   |               |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |               |
| ■ Debtor 1 only  | ☐ Contingent  |               |
| Debtor 2 only  | ☐ Unliquidated  |               |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |               |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |               |
| ☐ Check if this claim is for a community                             | ☐ Student loans   |               |
| debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |               |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |               |
| Yes  | ■ Other. Specify Collection RE: Web Bank  |               |
| Orbit Leasing  | Local Addinate of account number  | \$6,438.      |
| Nonpriority Creditor's Name  | Last 4 digits of account number   | Ψ0,+30.       |
| 1515 28th St SW<br>Wyoming, MI 49509                                 | When was the debt incurred?   |               |
| Number Street City State Zip Code                                    | As of the date you file, the claim is: Check all that apply   |               |
| Who incurred the debt? Check one.                                    |   |               |
| Debtor 1 only  | ☐ Contingent  |               |
| ☐ Debtor 2 only  | ☐ Unliquidated  |               |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |               |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |               |
| Check if this claim is for a community                               | ☐ Student loans   |               |
| debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |               |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |               |
| Yes  | ■ Other. Specify Auto Loan  |               |
| D  |   | <b>47.050</b> |
| Penn Credit Nonpriority Creditor's Name                              | Last 4 digits of account number   | \$7,259       |
| 916 S. 14th Street   | When was the debt incurred?   |               |
| P.O. Box 988   |   |               |
| Harrisburg, PA 17108-0988  Number Street City State Zip Code         | As of the date you file, the claim is: Check all that apply   |               |
| Who incurred the debt? Check one.                                    | As of the date you me, the claim is. Check all that apply   |               |
| ■ Debtor 1 only  | ☐ Contingent  |               |
| Debtor 2 only  | ☐ Unliquidated  |               |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |               |
| lacksquare At least one of the debtors and another                   | Type of NONPRIORITY unsecured claim:  |               |
| ☐ Check if this claim is for a community debt                        | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not           |               |
| Is the claim subject to offset?                                      | report as priority claims   |               |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |               |
| ☐ Yes  | ■ Other. Specify Collection RE: State of Virginia Taxes   |               |

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| Debto    | Tareq M Ghunaim  | Case number (if known)  |            |  |  |  |  |
|----------|--|---|------------|--|--|--|--|
| 4.1      | RMP Services   | Last 4 digits of account number   | \$630.00   |  |  |  |  |
|          | Nonpriority Creditor's Name<br>8155 Executive Court<br>Suite 10            | When was the debt incurred?   | ·          |  |  |  |  |
|          | Number Street City State Zip Code Who incurred the debt? Check one.        | As of the date you file, the claim is: Check all that apply   |            |  |  |  |  |
|          | Debtor 1 only  | ☐ Contingent  |            |  |  |  |  |
|          | Debtor 2 only  | ☐ Unliquidated  |            |  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |  |  |  |  |
|          | ☐ At least one of the debtors and another                                  | Type of NONPRIORITY unsecured claim:  |            |  |  |  |  |
|          | ☐ Check if this claim is for a community debt                              | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not           |            |  |  |  |  |
|          | Is the claim subject to offset?  | report as priority claims   |            |  |  |  |  |
|          | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |            |  |  |  |  |
|          | ☐ Yes  | Collection RE: Capital Area Anesthesia (medical)  |            |  |  |  |  |
|          |  |   |            |  |  |  |  |
| 4.1<br>8 | Sparrow  | Last 4 digits of account number   | \$3,000.00 |  |  |  |  |
|          | Nonpriority Creditor's Name Payment Processing Center 7364 Solution Center | When was the debt incurred?   |            |  |  |  |  |
|          | Chicago, IL 60677-7003  Number Street City State Zip Code                  | As of the date you file, the claim is: Check all that apply   |            |  |  |  |  |
|          | Who incurred the debt? Check one.  |   |            |  |  |  |  |
|          | ■ Debtor 1 only  | ☐ Contingent  |            |  |  |  |  |
|          | Debtor 2 only  | ☐ Unliquidated  |            |  |  |  |  |
|          | Debtor 1 and Debtor 2 only   | Disputed  |            |  |  |  |  |
|          | At least one of the debtors and another                                    | Type of NONPRIORITY unsecured claim:  |            |  |  |  |  |
|          | ☐ Check if this claim is for a community                                   | ☐ Student loans   |            |  |  |  |  |
|          | debt Is the claim subject to offset?                                       | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |            |  |  |  |  |
|          | No   | Debts to pension or profit-sharing plans, and other similar debts   |            |  |  |  |  |
|          | Yes  | ■ Other. Specify Medical Services   |            |  |  |  |  |
| 4.1<br>9 | United Adjustment Corpor  Nonpriority Creditor's Name                      | Last 4 digits of account number   | \$955.00   |  |  |  |  |
|          | PO Box 147<br>Kentland, IN 47951   | When was the debt incurred?   |            |  |  |  |  |
|          | Number Street City State Zip Code Who incurred the debt? Check one.        | As of the date you file, the claim is: Check all that apply   |            |  |  |  |  |
|          | Debtor 1 only  | ☐ Contingent  |            |  |  |  |  |
|          | ☐ Debtor 2 only  | ☐ Unliquidated  |            |  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |  |  |  |  |
|          | ☐ At least one of the debtors and another                                  | Type of NONPRIORITY unsecured claim:  |            |  |  |  |  |
|          | ☐ Check if this claim is for a community                                   | ☐ Student loans   |            |  |  |  |  |
|          | debt<br>Is the claim subject to offset?                                    | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |  |  |  |  |
|          | ■ No   | lacksquare Debts to pension or profit-sharing plans, and other similar debts                              |            |  |  |  |  |
|          | ☐ Yes  | ■ Other. Specify Light  |            |  |  |  |  |
|          |  |   |            |  |  |  |  |

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

#### Debtor 1 Tareq M Ghunaim

Case number (if known)

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | -  | Total Claim |
|--------------|-----|---|-----|----|-------------|
|              | 6a. | Domestic support obligations  | 6a. | \$ | 0.00        |
| Total claims |     |   |     |    |             |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00        |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00        |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00        |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00        |
|              |     |   |     | -  | Total Claim |
|              | 6f. | Student loans   | 6f. | \$ | 0.00        |
| Total claims |     |   |     |    |             |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 87.00       |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00        |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 30,982.27   |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 31,069.27   |

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| Fill in this infor  | mation to identify your  | case:              |             |                     |
|---------------------|--------------------------|--------------------|-------------|---------------------|
| Debtor 1            | Tareq M Ghunain          |                    |             |                     |
|                     | First Name               | Middle Name        | Last Name   |                     |
| Debtor 2            |                          |                    |             |                     |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name   |                     |
| United States Ba    | ankruptcy Court for the: | WESTERN DISTRICT ( | OF MICHIGAN |                     |
| Case number         |                          |                    |             |                     |
| (if known)          |                          |                    |             | Check if this is an |
|                     |                          |                    |             | amended filing      |

## Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with<br>Name, Number | whom you have th<br>r, Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|--|---------------------|---|
| 2.1 |           |                              |  |                     |   |
|     | Name      |                              |  |                     |   |
|     | Number    | Street                       |  |                     | _                                       |
|     | City      |                              | State  | ZIP Code            |   |
| 2.2 |           |                              |  |                     |   |
|     | Name      |                              |  |                     |   |
|     | Number    | Street                       |  |                     |   |
|     | City      |                              | State  | ZIP Code            | _                                       |
| 2.3 |           |                              |  |                     |   |
|     | Name      |                              |  |                     |   |
|     | Number    | Street                       |  |                     | _                                       |
|     | City      |                              | State  | ZIP Code            | <del>_</del>                            |
| 2.4 |           |                              |  |                     |   |
|     | Name      |                              |  |                     | _                                       |
|     | Number    | Street                       |  |                     | _                                       |
|     | City      |                              | State  | ZIP Code            | _                                       |
| 2.5 |           |                              |  |                     |   |
|     | Name      |                              |  |                     | _                                       |
|     | Number    | Street                       |  |                     | _                                       |
|     | City      |                              | State  | ZIP Code            | _                                       |

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|                                |  |   |                           | •                                     |   |
|--------------------------------|--|---|---------------------------|---------------------------------------|---|
| Fill in this i                 | nformation to identify your                                      | case:   |                           |                                       |   |
| Debtor 1                       | Tareq M Ghunair  | n   |                           |                                       |   |
|                                | First Name   | Middle Name   | Last Name                 |                                       |   |
| Debtor 2<br>(Spouse if, filing | ) First Name   | Middle Name   | Last Name                 |                                       |   |
| -                              |  | WESTERN DISTRICT                                      | DE MICHICANI              |                                       |   |
| United State                   | es Bankruptcy Court for the:                                     | WESTERN DISTRICT (                                    | DF MICHIGAN               |                                       |   |
| Case number                    | er   |   |                           |                                       |   |
| (if known)                     |  |   |                           |                                       | Check if this is an   |
|                                |  |   |                           |                                       | amended filing  |
| Official                       | Form 106H  |   |                           |                                       |   |
|                                | ule H: Your Cod  | lebtors   |                           |                                       | 12/15   |
|                                | <u> </u>   |   |                           |                                       | 12.10   |
| ill it out, and<br>our name a  |  | boxes on the left. Attach<br>). Answer every question | the Additional Page t     | to this page. On the to               | needed, copy the Additional Page,<br>p of any Additional Pages, write   |
| 1. DO y                        | ou have any codebiors: (II                                       | you are ming a joint case,                            | uo not list either spouse | as a codebior.                        |   |
| ■ No                           |  |   |                           |                                       |   |
| ☐ Yes                          |  |   |                           |                                       |   |
|                                | in the last 8 years, have yo<br>, California, Idaho, Louisiana   |   |                           |                                       | ty states and territories include   |
| ■ No. C                        | Go to line 3.  |   |                           |                                       |   |
| ☐ Yes.                         | Did your spouse, former spo                                      | use, or legal equivalent live                         | e with you at the time?   |                                       |   |
|                                |  |   |                           |                                       |   |
| in line 2                      | 2 again as a codebtor only<br>06D), Schedule E/F (Officia        | if that person is a guaran                            | tor or cosigner. Make     | sure you have listed t                | g with you. List the person shown<br>he creditor on Schedule D (Officia<br>Schedule E/F, or Schedule G to fil |
|                                | olumn 1: Your codebtor<br>ame, Number, Street, City, State and 2 | IP Code   |                           | Column 2: The cr<br>Check all schedul | editor to whom you owe the debt es that apply:  |
| 3.1                            |  |   |                           | ☐ Schedule D, lir                     | 00  |
|                                | ame  |   |                           | Schedule E/F,                         |   |
|                                |  |   |                           | ☐ Schedule G, lir                     |   |
| N                              | umber Street   |   |                           | _                                     |   |
|                                | ity  | State   | ZIP Code                  |                                       |   |
|                                |  |   |                           |                                       |   |
| 3.2                            |  |   |                           | ☐ Schedule D, lir                     | ne  |
|                                | ame  |   |                           | ☐ Schedule E/F,                       |   |
|                                |  |   |                           | ☐ Schedule G, lir                     | ne  |
|                                | umber Street   |   |                           | _                                     |   |
| Ci                             | ity  | State   | ZIP Code                  |                                       |   |

| Fill  | in this information to identify your ca   | ase:                         |                        |             |      |            |               |              |                                  |          |
|-------|---|------------------------------|------------------------|-------------|------|------------|---------------|--------------|----------------------------------|----------|
| De    | btor 1 Tareq M Gh   | unaim                        |                        |             |      |            |               |              |                                  |          |
| 1     | btor 2<br>buse, if filing)  |                              |                        |             | _    |            |               |              |                                  |          |
| Un    | ited States Bankruptcy Court for the  | : WESTERN DISTRICT           | OF MICHIGAN            |             |      |            |               |              |                                  |          |
|       | se number   |                              | _                      |             |      | Che        | ck if this is | :            |                                  |          |
| (If k | nown)   |                              |                        |             |      | l          | An amende     | Ü            |                                  |          |
|       |   |                              |                        |             |      |            |               |              | g postpetition<br>ollowing date: |          |
| 0     | fficial Form 106I   |                              |                        |             |      | Ī          | MM / DD/ \    | YYYY         |                                  |          |
| S     | chedule I: Your Inc   | ome                          |                        |             |      |            |               |              |                                  | 12/1     |
| spo   | plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  The describe Employment | ır spouse is not filing wi   | th you, do not inclu   | de infor    | mati | on abou    | t your sp     | ouse. If mo  | ore space is                     | needed,  |
| 1.    | Fill in your employment information.  |                              | Debtor 1               |             |      |            | Debtor :      | 2 or non-fi  | ling spouse                      |          |
|       | If you have more than one job,  | Franks, was and adaptive     | ■ Employed             |             |      |            | ☐ Empl        | oyed         |                                  |          |
|       | attach a separate page with information about additional  | Employment status            | ☐ Not employed         |             |      |            | ☐ Not e       | employed     |                                  |          |
|       | employers.  | Occupation                   | Uber/Student           |             |      |            |               |              |                                  |          |
|       | Include part-time, seasonal, or self-employed work.   | Employer's name              |                        |             |      |            |               |              |                                  |          |
|       | Occupation may include student or homemaker, if it applies.   | Employer's address           |                        |             |      |            |               |              |                                  |          |
|       |   | How long employed ti         | here? 3 yrs            |             |      |            | _             |              |                                  |          |
| Pa    | rt 2: Give Details About Mor  | nthly Income                 |                        |             |      |            |               |              |                                  |          |
|       | imate monthly income as of the duse unless you are separated.   | ate you file this form. If y | you have nothing to re | eport for   | any  | line, writ | e \$0 in the  | space. Ind   | clude your no                    | n-filing |
| If yo | ou or your non-filing spouse have mo<br>e space, attach a separate sheet to   | ore than one employer, co    | ombine the information | n for all e | empl | oyers for  | that perso    | on on the li | nes below. If                    | you need |
|       |   |                              |                        |             |      | For De     | btor 1        |              | btor 2 or<br>ing spouse          |          |
| 2.    | List monthly gross wages, sala deductions). If not paid monthly,  |                              |                        | 2.          | \$   | 1          | ,858.00       | \$           | N/A                              | -        |
| 3.    | Estimate and list monthly overt   | ime pay.                     |                        | 3.          | +\$  |            | 0.00          | +\$          | N/A                              | -        |
| 4.    | Calculate gross Income. Add lir   | ne 2 + line 3.               |                        | 4.          | \$   | 1,8        | 58.00         | \$           | N/A                              |          |

| Deb | tor 1              | Tareq M Ghunaim  | -             |     | Case r | number (if k | now         | 7) |             |        |               |                  |            |
|-----|--------------------|--|---------------|-----|--------|--------------|-------------|----|-------------|--------|---------------|------------------|------------|
|     |                    |  |               |     | For    | Debtor 1     |             |    |             | Debtor |               | e                |            |
|     | Cop                | by line 4 here   | 4.            |     | \$     | 1,85         | <b>B.</b> 0 | 0  | \$          |        |               | /A               |            |
| _   | Lie                |  |               |     |        |              |             |    |             |        |               |                  |            |
| 5.  |                    | tall payroll deductions:   |               |     | •      |              |             | _  | æ           |        |               | , .              |            |
|     | 5a.<br>5b.         | Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans  | 5a<br>5b      |     | \$     | 37           | 2.U<br>0.0  | _  | \$_<br>\$   |        |               | <u>/A</u><br>/A  |            |
|     | 5c.                | Voluntary contributions for retirement plans   | 50            |     | \$<br> |              | 0.0<br>0.0  | _  | <b>\$</b> - |        |               | /A               |            |
|     | 5d.                | Required repayments of retirement fund loans   | 50            |     | \$-    |              | 0.0         |    | \$<br>-     |        |               | A A              |            |
|     | 5e.                | Insurance  | 56            |     | \$     |              | 0.0         | _  | \$          |        |               | /A               |            |
|     | 5f.                | Domestic support obligations   | 5f            |     | \$     |              | 0.0         | _  | \$          |        |               | /A               |            |
|     | 5g.                | Union dues   | 50            | g.  | \$     |              | 0.0         | 0  | \$          |        | N/            | /A               |            |
|     | 5h.                | Other deductions. Specify:   | _ 5h          | า.+ | \$     |              | 0.0         | 0  | + \$_       |        | N/            | /A               |            |
| 6.  | Add                | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.            |     | \$     | 37           | 2.0         | 0  | \$          |        | N/            | /A               |            |
| 7.  | Cal                | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.            |     | \$     | 1,48         | 6.0         | 0_ | \$_         |        | N             | <u>/A</u>        |            |
| 8.  | List<br>8a.        | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  |               |     |        |              |             |    |             |        |               |                  |            |
|     |                    | monthly net income.  | 88            | a.  | \$     | (            | 0.0         | 0  | \$          |        | N             | /A               |            |
|     | 8b.                | Interest and dividends   | 8b            | ٥.  | \$     |              | 0.0         | 0  | \$          |        | N/            | /A               |            |
|     | 8c.<br>8d.         | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  | 8c<br>8c      |     | \$     |              | 0.0<br>0.0  | _  | \$<br>\$    |        |               | <u>/A</u><br>/A  |            |
|     | 8e.                | Social Security  | 86            | Э.  | \$     |              | 0.0         | 0  | \$          |        |               | /A               |            |
|     | 8f.<br>8g.         | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income | e<br>8f<br>8g |     | \$     |              | 0.0<br>0.0  |    | \$_<br>\$_  |        |               | / <u>A</u><br>/A |            |
|     | 8h.                | Other monthly income. Specify:   | _             | ).+ | \$     |              |             |    | + \$        |        | N             | /A               |            |
| 9.  | Add                | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.            |     | \$     | (            | 0.0         | 0  | \$_         |        | 1             | N/A              |            |
| 10. | Cal                | culate monthly income. Add line 7 + line 9.  | 10.           | \$  | 1      | ,486.00      | ]_[         | \$ |             | N/A    | = \$          | 1                | ,486.00    |
|     |                    | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |               |     |        | , 100100     |             |    |             |        | l Ľ           |                  | , .00.00   |
| 11. | Incl<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not excify:                           | depe          |     | ,      | •            |             |    | •           |        | e J.<br>+\$ _ |                  | 0.00       |
| 12. |                    | It the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certailies   |               |     |        |              |             |    |             | 12.    | \$Com         |                  | ,486.00    |
| 13. | Do                 | you expect an increase or decrease within the year after you file this form<br>No.   | ?             |     |        |              |             |    |             |        |               |                  | a<br>ncome |
|     | П                  | Yes. Explain:  |               |     |        |              |             |    |             |        |               |                  |            |

Official Form 106I Schedule I: Your Income page 2

|                   | in this informs                                  | diam da islandifu vo                                    |                                     |  |  |             |           |                    |                               |       |
|-------------------|--|---|-------------------------------------|--|--|-------------|-----------|--------------------|-------------------------------|-------|
|                   |  | ition to identify yo                                    |                                     |  |  |             |           |                    |                               |       |
| Deb               | otor 1   | Tareq M Ghu   | ınaim                               |  |  | _           | neck if t |                    |                               |       |
| Deb               | otor 2   |   |                                     |  |  |             |           | mended filing      | ving postpetition cha         | nter  |
|                   | ouse, if filing)                                 |   |                                     |  |  |             |           |                    | the following date:           | ipioi |
| Unit              | ed States Bankr                                  | ruptcy Court for the:                                   | WESTE                               | ERN DISTRICT OF MICH                                     | GAN                                      |             | MM        | / DD / YYYY        |                               |       |
| Cas               | e number   |   |                                     |  |  |             |           |                    |                               |       |
| (If k             | nown)  |   |                                     |  |  |             |           |                    |                               |       |
| Of                | fficial Fo                                       | orm 106J  |                                     |  |  |             |           |                    |                               |       |
| S                 | chedule  | J: Your I   | Exper                               | ises   |  |             |           |                    |                               | 12/15 |
| Be<br>info<br>nur | as complete a<br>ormation. If m<br>mber (if know | and accurate as<br>lore space is ned<br>n). Answer ever | possible<br>eded, atta<br>y questio | . If two married people a<br>ch another sheet to this    |  |             |           |                    |                               |       |
| Par<br>1.         | t 1: Descr<br>Is this a joir                     | ribe Your House   | hold                                |  |  |             |           |                    |                               |       |
|                   | ■ No. Go to                                      |   | n a senar                           | ata housahold?   |  |             |           |                    |                               |       |
|                   | □ res. <b>Doe</b>                                |   | ii a sepai                          | ate nousenoid!   |  |             |           |                    |                               |       |
|                   | = ::   | -   | st file Offici                      | al Form 106J-2, Expense                                  | s for Separate House                     | ehold of De | ebtor 2   |                    |                               |       |
| 2.                |  | e dependents?   | □No                                 |  |  |             |           |                    |                               |       |
|                   | Do not list Do Debtor 2.                         | ebtor 1 and   | Yes.                                | Fill out this information for each dependent             | Dependent's relati<br>Debtor 1 or Debtor |             |           | Dependent's<br>age | Does dependent live with you? |       |
|                   | Do not state                                     | the   |                                     |  |  |             |           |                    | □ No                          |       |
|                   | dependents                                       | names.  |                                     |  | Daughter                                 |             |           | 4 months           | Yes                           |       |
|                   |  |   |                                     |  |  |             |           |                    | □ No                          |       |
|                   |  |   |                                     |  |  |             |           |                    | ☐ Yes                         |       |
|                   |  |   |                                     |  |  |             |           |                    | □ No                          |       |
|                   |  |   |                                     |  |  |             |           |                    | ☐ Yes<br>☐ No                 |       |
|                   |  |   |                                     |  |  |             |           |                    | ☐ No<br>☐ Yes                 |       |
| 3.                | Do vour exp                                      | oenses include  | _                                   |  |  |             |           |                    | ⊔ Yes                         |       |
| ٥.                | expenses of                                      | f people other th                                       |                                     | No   |  |             |           |                    |                               |       |
|                   | yourself and                                     | d your depender   | nts? ⊔                              | Yes  |  |             |           |                    |                               |       |
| Par               | t 2: Estim                                       | ate Your Ongoir   | na Monthi                           | v Expenses   |  |             |           |                    |                               |       |
| Est<br>exp        | imate your ex                                    | cpenses as of yo  | our bankr                           | uptcy filing date unless<br>y is filed. If this is a sup |  |             |           |                    |                               |       |
|                   |  |   |                                     | government assistance                                    |  |             |           |                    |                               |       |
|                   | ficial Form 10                                   |   | a nave me                           | nadea it en denedate i.                                  | rour moome                               |             | _         | Your expe          | enses                         |       |
| 4.                |  | or home owners<br>and any rent for the                  |                                     | ses for your residence.                                  | Include first mortgage                   | e<br>4.     | \$        |                    | 430.00                        |       |
|                   | If not includ                                    | led in line 4:  |                                     |  |  |             |           |                    |                               |       |
|                   | 4a. Real e                                       | estate taxes  |                                     |  |  | 4a.         | \$        |                    | 0.00                          |       |
|                   | •  | rty, homeowner's  |                                     |  |  | 4b.         | \$        |                    | 0.00                          |       |
|                   |  |   |                                     | ıpkeep expenses  |  | 4c.         | · · —     |                    | 0.00                          |       |
| _                 |  | owner's associati                                       |                                     |  | ama aguitu laasa                         | 4d.         | · —       |                    | 0.00                          |       |
| 5.                | Auditional f                                     | nortgage payme  | anto for yo                         | <b>our residence</b> , such as ho                        | Jine equity loans                        | ວ.          | \$        |                    | 0.00                          |       |

| Debtor 1       | Tareq M                      | Ghunaim   | Case num                 | nber (if known) |                              |
|----------------|------------------------------|---|--------------------------|-----------------|------------------------------|
|                |                              |   |                          |                 |                              |
|                | lities:                      | hoot natural goo  | 60                       | œ.              | 75.00                        |
| 6a.            |                              | heat, natural gas   | 6a.                      | · ·             | 75.00                        |
| 6b.            |                              | ver, garbage collection   | 6b.                      | · -             | 20.00                        |
| 6c.            | •                            | , cell phone, Internet, satellite, and cable services   | 6c.                      | ·               | 200.00                       |
| 6d.            |                              |   | 6d.                      | ·               | 0.00                         |
| . Fo           | od and house                 | ekeeping supplies   | 7.                       | \$              | 250.00                       |
| . Ch           | ildcare and c                | hildren's education costs   | 8.                       | \$              | 0.00                         |
| . Clo          | thing, laund                 | ry, and dry cleaning  | 9.                       | \$              | 0.00                         |
| 0. <b>Pe</b> i | rsonal care p                | roducts and services  | 10.                      | \$              | 0.00                         |
| 1. <b>Me</b>   | dical and der                | ntal expenses   | 11.                      | \$              | 0.00                         |
|                |                              | Include gas, maintenance, bus or train fare.  |                          | ·               |                              |
|                | not include ca               |   | 12.                      | \$              | 250.00                       |
| 3. <b>En</b> t | tertainment, d               | clubs, recreation, newspapers, magazines, and boo   |                          |                 | 0.00                         |
| . Ch           | aritable cont                | ributions and religious donations   | 14.                      | \$              | 0.00                         |
| 5. <b>Ins</b>  | urance.                      |   |                          |                 |                              |
|                |                              | surance deducted from your pay or included in lines 4 c   | or 20.                   |                 |                              |
| 15a            | a. Life insura               | nce   | 15a.                     | \$              | 0.00                         |
| 15b            | o. Health insi               | urance  | 15b.                     | \$              | 0.00                         |
| 150            | c. Vehicle ins               | surance   | 15c.                     | \$              | 85.00                        |
|                |                              | rance. Specify:   | 15d.                     | ·               | 0.00                         |
|                |                              | clude taxes deducted from your pay or included in lines   |                          | <b>~</b>        | 0.00                         |
|                | ecify:                       | oraco taxos deducted from your pay or included in lines   | 16.                      | \$              | 0.00                         |
|                |                              | ease payments:  |                          |                 |                              |
|                |                              | ents for Vehicle 1  | 17a.                     | ·               | 0.00                         |
| 17t            | o. Car payme                 | ents for Vehicle 2  | 17b.                     | \$              | 0.00                         |
| 170            | <ol><li>Other. Spe</li></ol> | ecify:  | 17c.                     | \$              | 0.00                         |
| 170            | d. Other. Spe                | ecify:  | 17d.                     | \$              | 0.00                         |
|                |                              | of alimony, maintenance, and support that you did   |                          | \$              | 87.00                        |
|                |                              | our pay on line 5, Schedule I, Your Income (Official<br>you make to support others who do not live with y |                          | \$              | 0.00                         |
|                | ecify:                       | you make to support others who do not live with y   | ou.<br>19.               | ·               | 0.00                         |
|                | ,                            | erty expenses not included in lines 4 or 5 of this for  |                          |                 |                              |
|                |                              | on other property   | 20a.                     |                 | 0.00                         |
|                | b. Real estate               |   | 20a.<br>20b.             | · ·             |                              |
|                |                              |   |                          | ·               | 0.00                         |
|                |                              | nomeowner's, or renter's insurance  | 20c.                     | ·               | 0.00                         |
|                |                              | ce, repair, and upkeep expenses   | 20d.                     | ·               | 0.00                         |
|                |                              | er's association or condominium dues  | 20e.                     |                 | 0.00                         |
| l. Oth         | ner: Specify:                |   | 21.                      | +\$             | 0.00                         |
| 2. <b>Ca</b> l | culate your r                | monthly expenses  |                          |                 |                              |
|                | a. Add lines 4               |   |                          | \$              | 1,397.00                     |
|                |                              | 2 (monthly expenses for Debtor 2), if any, from Official F  | Form 106J-2              | \$              | -,                           |
|                |                              |   |                          | · <del> </del>  | 4 207 00                     |
| 220            | . Add iine 22a               | a and 22b. The result is your monthly expenses.   |                          | \$              | 1,397.00                     |
|                | -                            | monthly net income.   |                          |                 |                              |
|                |                              | 12 (your combined monthly income) from Schedule I.  | 23a.                     | *               | 1,486.00                     |
| 23b            | c. Copy your                 | monthly expenses from line 22c above.   | 23b.                     | -\$             | 1,397.00                     |
| 230            | : Subtract ve                | our monthly expenses from your monthly income.  |                          |                 |                              |
| 200            |                              | is your <i>monthly net income</i> .   | 23c.                     | \$              | 89.00                        |
| 4 Do           | VOII expect s                | in increase or decrease in your expenses within the   | vear after you file this | s form?         | _                            |
|                |                              | u expect to finish paying for your car loan within the year or do   |                          |                 | ase or decrease because of a |
|                |                              | terms of your mortgage?   | ,                        | J               |                              |
|                | No.                          |   |                          |                 |                              |
|                |                              | Evalois horo  |                          |                 |                              |
| Ш              | Yes.                         | Explain here:   |                          |                 |                              |

| Debtor 1 Tarey M Ghunaim First Name Middle Name Last Name Debtor 2 (Spouse It, flight) First Name Middle Name Last Name United States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN  Case number (If forward) Case number (If forward) Case number (If forward) Case number (If sower) Some and the states Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN  Declaration About an Individual Debtor's Schedules  12/11  The state of the states and a mended filling and a mended filling and a mended filling are statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 115)  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X /s/ Tareq M Ghunaim Signature of Debtor 1 Date March 6, 2019  Date |  |  |  |                             |  |                |
|---|--|--|--|-----------------------------|--|----------------|
| Debtor 2 (Spouse if, iling)  Debtor 2 (Spouse if, iling)  First Name  Middle Name  Last Name  United States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN  Case number (if known)  Case number (if known)  Cofficial Form 106Dec  Declaration About an Individual Debtor's Schedules  If two married people are filing together, both are equally responsible for supplying correct information.  You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 115)  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X /S/ Tareq M Ghunaim Signature of Debtor 1  | Fill in this inf                                 | formation to identify your   | case:  |                             |  |                |
| Pist Name   Middle Name   Last Name   Debtor 2  | Debtor 1   | Tareg M Ghunaim  | 1  |                             |  |                |
| United States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN  Case number (If known)  Check if this is an amended filing  Official Form 106Dec  Declaration About an Individual Debtor's Schedules  If two married people are filing together, both are equally responsible for supplying correct information.  You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy Forms?  No  Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 115)  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X /s/ Tareq M Ghunaim Signature of Debtor 1   |  |  |  | Last Name                   |  |                |
| United States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN    Case number   |  |  |  |                             |  |                |
| Case number (If known)    Check if this is an amended filling   | (Spouse if, filing)                              | First Name   | Middle Name  | Last Name                   |  |                |
| Official Form 106Dec  Declaration About an Individual Debtor's Schedules  12/1  If two married people are filing together, both are equally responsible for supplying correct information.  You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 115).  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X Isl Tareq M Ghunaim Signature of Debtor 1  | United States                                    | Bankruptcy Court for the:  | WESTERN DISTRICT O   | OF MICHIGAN                 |  |                |
| Official Form 106Dec  Declaration About an Individual Debtor's Schedules  If two married people are filing together, both are equally responsible for supplying correct information.  You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 115).  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X IsI Tareq M Ghunaim Signature of Debtor 1  | Case number                                      |  |  |                             |  |                |
| Official Form 106Dec  Declaration About an Individual Debtor's Schedules  If two married people are filing together, both are equally responsible for supplying correct information.  You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 115).  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X Is/ Tareq M Ghunaim Signature of Debtor 1  | (if known)                                       |  |  |                             | ☐ Check  | cif this is an |
| Declaration About an Individual Debtor's Schedules  If two married people are filing together, both are equally responsible for supplying correct information.  You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X /s/ Tareq M Ghunaim Signature of Debtor 1  |  |  |  |                             | amend  | ded filing     |
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X /s/ Tareq M Ghunaim Tareq M Ghunaim Signature of Debtor 1   | If two married<br>You must file<br>obtaining moi | I people are filing together<br>this form whenever you fi<br>ney or property by fraud in | r, both are equally responders to the construction with a bank ruptcy schedules a connection with a bank | nsible for supplying corr   | rect information.<br>. Making a false statement, concealin |                |
| ■ No  Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X /s/ Tareq M Ghunaim  Tareq M Ghunaim  Signature of Debtor 1  | S  | Sign Below   |  |                             |  |                |
| Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X /s/ Tareq M Ghunaim Tareq M Ghunaim Signature of Debtor 1  | Did you  | pay or agree to pay some   | one who is NOT an attor  | ney to help you fill out ba | ankruptcy forms?   |                |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X /s/ Tareq M Ghunaim Tareq M Ghunaim Signature of Debtor 1  Signature of Debtor 2  | ■ No   |  |  |                             |  |                |
| that they are true and correct.  X /s/ Tareq M Ghunaim Tareq M Ghunaim Signature of Debtor 1  X Signature of Debtor 2   | ☐ Yes  | s. Name of person  |  |                             |  |                |
| Tareq M Ghunaim Signature of Debtor 2 Signature of Debtor 1   |  |  | that I have read the sum   | mary and schedules filed    | d with this declaration and                                |                |
| Tareq M Ghunaim Signature of Debtor 2 Signature of Debtor 1   | X /s/ T  | areg M Ghunaim   |  | Х                           |  |                |
| Date March 6, 2019 Date   | Tare   | eq M Ghunaim   |  | Signature of I              | Debtor 2   |                |
|   | Date   | March 6, 2019  |  | Date                        |  |                |

| Fi        | II in this inform             | nation to identify you                      | ır case:  |   |                                      |             |   |
|-----------|-------------------------------|---|---|---|--------------------------------------|-------------|---|
|           | ebtor 1                       |   |   |   |                                      |             |   |
| 0         | EDIOI I                       | Tareq M Ghuna First Name                    | Middle Name   | Last Name   |                                      |             |   |
|           | ebtor 2                       | First Name                                  | Middle News   | Last Name   |                                      |             |   |
| ` `       | pouse if, filing)             | First Name                                  | Middle Name   | Last Name   |                                      |             |   |
| Ui        | nited States Bar              | nkruptcy Court for the                      | WESTERN DISTRICT  | OF MICHIGAN   |                                      |             |   |
|           | ase number<br>known)          |   |   |   |                                      | _           | eck if this is an<br>ended filing                     |
| Si        |                               | of Financial                                | Affairs for Indiv   |   |                                      |             | 4/1   |
| inf<br>nu | ormation. If member (if known | ore space is needed<br>n). Answer every que | sible. If two married people<br>, attach a separate sheet t<br>stion.<br>arital Status and Where Yo | o this form. On the top of                            |                                      |             |   |
|           |                               |   |   | Du Liveu Beiore                                       |                                      |             |   |
| 1.        | What is your                  | current marital stat                        | us?   |   |                                      |             |   |
|           | ☐ Married                     |   |   |   |                                      |             |   |
|           | ■ Not mar                     | ried  |   |   |                                      |             |   |
| 2.        | During the la                 | ast 3 years, have you                       | lived anywhere other tha  | n where you live now?                                 |                                      |             |   |
|           | □ No                          |   |   |   |                                      |             |   |
|           | Yes. List                     | t all of the places you                     | lived in the last 3 years. Do   | not include where you live                            | now.                                 |             |   |
|           | Debtor 1 Pri                  | ior Address:                                | Dates Debtor lived there  | 1 Debtor 2 Prior                                      | Address:                             |             | Dates Debtor 2 lived there                            |
|           | 132 E. Bar<br>Lansing, N      |   | From-To:<br><b>October 201</b><br><b>March 2018</b>   | ☐ Same as Deb   | tor 1                                |             | ☐ Same as Debtor 1<br>From-To:                        |
|           | 1734 Hunts                    | sville Dr.                                  | From-To:  | ☐ Same as Deb   | tor 1                                |             | ☐ Same as Debtor 1                                    |
|           | Apt. A<br>Haslett, MI         |   | March 2018<br>August 2018   | •   |                                      |             | From-To:  |
| 3.<br>sta | ites and territorio           |   | ver live with a spouse or l<br>alifornia, Idaho, Louisiana, N                                       |   |                                      |             |   |
|           | ■ No □ Ves Ma                 | ke sure vou fill out So                     | hedule H: Your Codebtors (  | Official Form 106H)                                   |                                      |             |   |
|           | 1 C3. Wa                      | ike sare you iii out oc                     | ricuale II. Tour Codebiors (  | omolari omi roorij.                                   |                                      |             |   |
| Pa        | ert 2 Explain                 | n the Sources of You                        | ur Income   |   |                                      |             |   |
| 4.        | Fill in the tota              | I amount of income yo                       | mployment or from operate ou received from all jobs and a have income that you rece                 | d all businesses, including p                         | art-time activities.                 | ious calend | lar years?  |
|           | □ No                          |   |   |   |                                      |             |   |
|           | Yes. Fill                     | in the details.                             |   |   |                                      |             |   |
|           |                               |   | Debtor 1  |   | Debtor 2                             |             |   |
|           |                               |   | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) | Sources of inco<br>Check all that ap |             | Gross income<br>(before deductions<br>and exclusions) |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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| Debtor 1 | Tareq M Ghu                            | naim                         | Case number (if known)  |  |  |              |   |  |  |
|----------|--|------------------------------|---|--|--|--------------|---|--|--|
|          |  |                              |   |  |  |              |   |  |  |
|          |  |                              | Debtor 1  |  | Debtor 2                                       |              |   |  |  |
|          |  |                              | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)  | Sources of inco<br>Check all that ap           |              | Gross income<br>(before deductions<br>and exclusions) |  |  |
|          | nuary 1 of curren<br>you filed for ban |                              | ■ Wages, commissions, bonuses, tips   | \$2,833.87   | ☐ Wages, comm<br>bonuses, tips                 | issions,     |   |  |  |
|          |  |                              | ☐ Operating a business  |  | ☐ Operating a b                                | usiness      |   |  |  |
|          | calendar year:<br>1 to December 3      | 31, 2018 )                   | ■ Wages, commissions, bonuses, tips   | \$19,973.76  | ☐ Wages, comm<br>bonuses, tips                 | issions,     |   |  |  |
|          |  |                              | ☐ Operating a business  |  | ☐ Operating a b                                | usiness      |   |  |  |
|          | calendar year bef<br>1 to December 3   |                              | ■ Wages, commissions, bonuses, tips   | \$25,831.00  | ☐ Wages, comm<br>bonuses, tips                 | issions,     |   |  |  |
|          |  |                              | ☐ Operating a business  |  | ☐ Operating a b                                | usiness      |   |  |  |
| _        | No<br>Yes. Fill in the de              | tails.                       | Debtor 1 Sources of income Describe below.  | Gross income from each source (before deductions and   | Debtor 2<br>Sources of inco<br>Describe below. | me           | Gross income<br>(before deductions<br>and exclusions) |  |  |
|          |  |                              |   | exclusions)  |  |              | ,   |  |  |
| Part 3:  | List Certain Pag                       | yments You                   | Made Before You Filed for   | Bankruptcy   |  |              |   |  |  |
| _        | No. <b>Neither De</b>                  | btor 1 nor D                 | s debts primarily consumer<br>ebtor 2 has primarily consu-<br>personal, family, or househol                                     | ımer debts. Consumer debts                             | s are defined in 11 l                          | J.S.C. § 101 | (8) as "incurred by an                                |  |  |
|          | During the $\square$ No.               | 90 days befo<br>Go to line 7 | re you filed for bankruptcy, di   | d you pay any creditor a tota                          | I of \$6,425* or more                          | ?            |   |  |  |
|          | Yes                                    | paid that cre<br>not include | each creditor to whom you pai<br>editor. Do not include paymer<br>payments to an attorney for th<br>on 4/01/19 and every 3 year | nts for domestic support oblig<br>his bankruptcy case. | ations, such as chil                           | d support ar | nd alimony. Also, do                                  |  |  |
| •        | Yes. <b>Debtor 1 o</b>                 | r Debtor 2 o                 | r both have primarily consure you filed for bankruptcy, di  | ımer debts.  |  | 20,001110111 |   |  |  |
|          | ■ No.                                  | Go to line 7                 |   | , ,  | ,  |              |   |  |  |
|          | Yes                                    | List below e                 | each creditor to whom you pai<br>ments for domestic support o<br>this bankruptcy case.  |  |  |              |   |  |  |
| Cred     | ditor's Name and                       | l Address                    | Dates of payme  | ent Total amount paid                                  | Amount you still owe                           | Was this p   | ayment for  |  |  |

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Case number (if known)

| 7.   | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |  |  |                      |                                   |                             |  |  |  |  |  |  |
|--|--|--|--|----------------------|-----------------------------------|-----------------------------|--|--|--|--|--|--|
|  | <ul><li>■ No</li><li>□ Yes. List all payments to an insider.</li></ul>   |  |  |                      |                                   |                             |  |  |  |  |  |  |
|  | Insider's Name and Address   | Dates of payment                             | Total amount paid  | Amount you still owe | Reason for                        | this payment                |  |  |  |  |  |  |
| 8.   | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.  |  |  |                      |                                   |                             |  |  |  |  |  |  |
|  | ■ No □ Yes. List all payments to an insider  |  |  |                      |                                   |                             |  |  |  |  |  |  |
|  | Insider's Name and Address   | Dates of payment                             | Total amount paid  | Amount you still owe | Reason for Include cred           | this payment<br>itor's name |  |  |  |  |  |  |
| Pai  | t 4: Identify Legal Actions, Repossessio   | ns, and Foreclosures                         | P  |                      |                                   |                             |  |  |  |  |  |  |
|  | Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.  No  Yes. Fill in the details.   |  |  |                      |                                   |                             |  |  |  |  |  |  |
|  | Case title Case number   | Nature of the case                           | Court or agency  |                      | Status of the case                |                             |  |  |  |  |  |  |
|  | Tareq M Ghunaim Orbit Leasing<br>19-00638 GCE  | Civil  | 54A District Co<br>124 W. Michiga<br>Lansing, MI 489               | n Ave                | ■ Pending □ On appeal □ Concluded |                             |  |  |  |  |  |  |
|  | LAFCU v Tareq Chunaim<br>19-2325 GC  | Civil  | 55th District Co<br>700 Buhl Drive<br>Mason, MI 4885               |                      | ■ Pending □ On appeal □ Concluded |                             |  |  |  |  |  |  |
|  | Ghunaim v Ghunaim<br>18-1226 DM  | Divorce                                      | 30th Circuit Court<br>313 W. Kalamazoo Street<br>Lansing, MI 48933 |                      | ☐ Pending ☐ On appeal ■ Concluded |                             |  |  |  |  |  |  |
| <ul> <li>10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seize Check all that apply and fill in the details below.</li> <li>No. Go to line 11.</li> <li>Yes. Fill in the information below.</li> </ul> |  |  |  |                      |                                   |                             |  |  |  |  |  |  |
|  | ☐ Yes. Fill in the information below.  Creditor Name and Address   | Describe the Property  Explain what happened |  |                      |                                   | Value of the property       |  |  |  |  |  |  |
| 11.  |  |  |  |                      |                                   |                             |  |  |  |  |  |  |
|  | Creditor Name and Address  |  |  |                      | action was                        | Amount                      |  |  |  |  |  |  |
|  |  |  |  |                      |                                   |                             |  |  |  |  |  |  |

Debtor 1 Tareq M Ghunaim

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| Debtor 1 Tareq M Ghunaim |  |  | Case number (if known) |   |           |                                 |                      |  |  |  |
|--------------------------|--|--|------------------------|---|-----------|---------------------------------|----------------------|--|--|--|
|                          |  |  |                        | as any of your property in the possession o   | of an as  | ssignee for the ben             | efit of creditors, a |  |  |  |
|                          | court-appointed receiver, a custodian, or another official?  |  |                        |   |           |                                 |                      |  |  |  |
|                          | _  | lo<br>'aa  |                        |   |           |                                 |                      |  |  |  |
|                          | <u> </u>   | 'es  |                        |   |           |                                 |                      |  |  |  |
| Part                     | 5:   | List Certain Gifts and Contribution                            | าร                     |   |           |                                 |                      |  |  |  |
| 13. V                    | Nithin 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?   |  |                        |   |           |                                 |                      |  |  |  |
| ı                        | ■ No   |  |                        |   |           |                                 |                      |  |  |  |
| l                        | □ Y  | es. Fill in the details for each gift.                         |                        |   |           |                                 |                      |  |  |  |
|                          |  | with a total value of more than \$60 erson                     | 00                     | Describe the gifts  |           | Dates you gave the gifts        | Value                |  |  |  |
|                          | Perso<br>Addr  | on to Whom You Gave the Gift and ess:                          | l                      |   |           |                                 |                      |  |  |  |
| 14. V                    | Nithin 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  |  |                        |   |           |                                 |                      |  |  |  |
| ı                        | No   |  |                        |   |           |                                 |                      |  |  |  |
| ı                        | Yes. Fill in the details for each gift or contribution.  |  |                        |   |           |                                 |                      |  |  |  |
|                          | more   | or contributions to charities that<br>than \$600<br>ity's Name | total                  | Describe what you contributed   |           | Dates you contributed           | Value                |  |  |  |
|                          | Addr   | ess (Number, Street, City, State and ZIP Cod                   | e)                     |   |           |                                 |                      |  |  |  |
| Part                     | 6:   | List Certain Losses  |                        |   |           |                                 |                      |  |  |  |
|                          | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?  |  |                        |   |           |                                 |                      |  |  |  |
|                          | _ 、  | lo   |                        |   |           |                                 |                      |  |  |  |
|                          | _  | es. Fill in the details.                                       |                        |   |           |                                 |                      |  |  |  |
| ·                        |  | ribe the property you lost and                                 | Descri                 | be any insurance coverage for the loss  |           | Date of your                    | Value of property    |  |  |  |
|                          | how the loss occurred Include  |  | Include                | e the amount that insurance has paid. List pending noe claims on line 33 of Schedule A/B: Property. |           | loss                            | lost                 |  |  |  |
|                          |  |  |                        | ioc diamino dir imio do di contodulo 142. I roport  | <i>y.</i> |                                 |                      |  |  |  |
| Part                     | 7:   | List Certain Payments or Transfer                              | S                      |   |           |                                 |                      |  |  |  |
| (                        | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. |  |                        |   |           |                                 |                      |  |  |  |
|                          | □ No   |  |                        |   |           |                                 |                      |  |  |  |
| !                        |  |  |                        |   |           |                                 |                      |  |  |  |
|                          | -  | es. Fill in the details.                                       |                        |   |           | <b>5</b>                        | •                    |  |  |  |
|                          | Addr   | on Who Was Paid<br>ess   |                        | Description and value of any property transferred   |           | Date payment<br>or transfer was | Amount of payment    |  |  |  |
|                          | Email or website address Person Who Made the Payment, if Not You   |  |                        |   | made      |                                 |                      |  |  |  |
|                          |  | ald A. Zawacki   | rou                    | Attorney Fees   |           | February 25,                    | \$1,400.00           |  |  |  |
|                          | 830 W. Lake Lansing Road   |  | Attorney rees          |   | 2019      | \$1,400.00                      |                      |  |  |  |
|                          | Suite  | e 200  |                        |   |           |                                 |                      |  |  |  |
|                          |  | Lansing, MI 48823<br>ackilaw@yahoo.com                         |                        |   |           |                                 |                      |  |  |  |
|                          | ∠awa   | ackiiaw @yaiioo.com  |                        |   |           |                                 |                      |  |  |  |
| -                        |  |  |                        |   |           |                                 |                      |  |  |  |

| Debtor 1 | Tared | М   | Chu | naim   |
|----------|-------|-----|-----|--------|
|          | rareu | IVI | Gnu | IIaIII |

Case number (if known)

| 17. | Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors. Do not include any payment or transfer that you list.  No Yes. Fill in the details.   | or to make payments   |                            |                  | or transfer any proper                               | ty to anyone who                              |
|-----|--|---|----------------------------|------------------|--|---|
|     | Person Who Was Paid Address  | Description and va  | alue of any prop           | perty            | Date payment or transfer was made                    | Amount of payment                             |
|     | Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your businclude both outright transfers and transfers made include gifts and transfers that you have already li  No Yes. Fill in the details.                        | iness or financial affa<br>e as security (such as the                     | irs?<br>ne granting of a s |                  |  |   |
|     | Person Who Received Transfer<br>Address<br>Person's relationship to you  | Description and va<br>property transferre                                 |                            |                  | any property or received or debts change             | Date transfer was made                        |
| 19. | Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect No  Yes. Fill in the details.   |   | y property to a s          | self-settled tru | ust or similar device o                              | f which you are a                             |
|     | Name of trust  | Description and va  | alue of the prop           | erty transferr   | ed   | Date Transfer was made                        |
| 20. | B: List of Certain Financial Accounts, Instru- Within 1 year before you filed for bankruptcy, you sold, moved, or transferred? Include checking, savings, money market, or cohouses, pension funds, cooperatives, associated No  Yes. Fill in the details. | were any financial accoun   | counts or instru           | ments held in    |  |   |
|     |  | ast 4 digits of<br>ccount number  | Type of accourtinstrument  | clo              | te account was<br>sed, sold,<br>oved, or<br>nsferred | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables?  No Yes. Fill in the details.   | ·   | . ,,                       | ,                | ·  | ,   |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)   | Who else had acco<br>Address (Number, St<br>State and ZIP Code)           |                            | Describe the     | contents   | Do you still have it?                         |
| 22. | Have you stored property in a storage unit or p ■ No □ Yes. Fill in the details.   | place other than your   | home within 1 y            | ear before yo    | ou filed for bankruptcy                              | )?  |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  | Who else has or h<br>to it?<br>Address (Number, St<br>State and ZIP Code) |                            | Describe the     | contents   | Do you still have it?                         |

| Debtor 1 | Tarea | М | Ghui | naim |
|----------|-------|---|------|------|
|          |       |   |      |      |

Case number (if known)

| Pai | rt 9: Identify Property You Hold or Control for S   | Someone Else  |  |                       |
|-----|---|---|--|-----------------------|
| 23. | Do you hold or control any property that someo for someone.   | ne else owns? Include any prope   | rty you borrowed from, are storing fo  | r, or hold in trust   |
|     | No  |   |  |                       |
|     | Yes. Fill in the details.   |   |  |                       |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)   | Describe the property                  | Value                 |
| Pai | rt 10: Give Details About Environmental Informa   | ation   |  |                       |
| For | the purpose of Part 10, the following definitions   | apply:  |  |                       |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the ai regulations controlling the cleanup of these substances. | r, land, soil, surface water, groun                                       | <del>-</del> -                         |                       |
|     | Site means any location, facility, or property as to own, operate, or utilize it, including disposal  |   | law, whether you now own, operate,     | or utilize it or used |
|     | Hazardous material means anything an environment hazardous material, pollutant, contaminant, or s   |   | s waste, hazardous substance, toxic    | substance,            |
| Rep | oort all notices, releases, and proceedings that yo   | ou know about, regardless of whe  | n they occurred.                       |                       |
| 24. | Has any governmental unit notified you that you   | ı may be liable or potentially liable                                     | e under or in violation of an environm | ental law?            |
|     | ■ No □ Yes. Fill in the details.  |   |  |                       |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | Environmental law, if you know it      | Date of notice        |
| 25. | Have you notified any governmental unit of any  | release of hazardous material?  |  |                       |
|     | ■ No  |   |  |                       |
|     | Yes. Fill in the details.   |   |  |                       |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | Environmental law, if you know it      | Date of notice        |
| 26. | Have you been a party in any judicial or adminis  | trative proceeding under any env  | ironmental law? Include settlements    | and orders.           |
|     | ■ No  |   |  |                       |
|     | Yes. Fill in the details.   |   |  |                       |
|     | Case Title Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Nature of the case                     | Status of the case    |
| Pai | rt 11: Give Details About Your Business or Con  | ·   |  |                       |
| 27. | Within 4 years before you filed for bankruptcy, o   | did you own a business or have a  | ny of the following connections to any | y business?           |
|     | ☐ A sole proprietor or self-employed in a to  | rade, profession, or other activity                                       | , either full-time or part-time        |                       |
|     | ☐ A member of a limited liability company   |   | •                                      |                       |
|     | ☐ A partner in a partnership  | , , , , , , , , , , , , , , , , , , ,                                     | F V " /                                |                       |
|     | ☐ An officer, director, or managing executi   | ive of a cornoration  |  |                       |
|     | An owner of at least 5% of the veting or  | ·   |  |                       |

Official Form 107

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| Deb              | tor 1 Tareq M Ghunaim  | Ca   | ase number (if known)  |
|------------------|--|--|--|
|                  |  |  |  |
|                  | ■ No. None of the above applies. Go to   | Part 12.                                       |  |
|                  | ☐ Yes. Check all that apply above and fil  | II in the details below for each business.     |  |
|                  | Business Name<br>Address   | Describe the nature of the business            | Employer Identification number Do not include Social Security number or ITIN.                                      |
|                  | (Number, Street, City, State and ZIP Code)   | Name of accountant or bookkeeper               | Dates business existed   |
|                  | Within 2 years before you filed for bankrup institutions, creditors, or other parties. | otcy, did you give a financial statement to a  | nyone about your business? Include all financial   |
|                  | ■ No □ Yes. Fill in the details below.   |  |  |
|                  | Name<br>Address<br>(Number, Street, City, State and ZIP Code)                          | Date Issued                                    |  |
| Part             | 12: Sign Below   |  |  |
| are t<br>with    |  | a false statement, concealing property, or o   | declare under penalty of perjury that the answers obtaining money or property by fraud in connection ars, or both. |
| /s/ <sup>-</sup> | Гаreq M Ghunaim  |  |  |
|                  | eq M Ghunaim<br>nature of Debtor 1   | Signature of Debtor 2                          |  |
| Date             | March 6, 2019  | Date   |  |
| Did y ■ N        |  | ent of Financial Affairs for Individuals Filir | ng for Bankruptcy (Official Form 107)?   |
|                  | ou pay or agree to pay someone who is no   | ot an attorney to help you fill out bankrupto  | ev forms?  |
| ■ N              | 0  | , .,   | •  |
| IIV              | es Name of Person Attach the <i>Bankri</i>   | untcy Petition Preparer's Notice Declaration   | and Signature (Official Form 119)  |

| Fill in this infor  | mation to identify your case:         |                      |  |   |
|---------------------|---------------------------------------|----------------------|--|---|
| Debtor 1            | Tareg M Ghunaim                       |                      |  | ]   |
|                     | <b>-</b>                              | ddle Name            | Last Name  |   |
| Debtor 2            |                                       |                      |  |   |
| (Spouse if, filing) | First Name Mic                        | ddle Name            | Last Name  |   |
| United States Ba    | ankruptcy Court for the: WESTE        | ERN DISTRICT         | OF MICHIGAN  |   |
| Case number         |                                       |                      |  |   |
| (if known)          |                                       |                      |  | ☐ Check if this is an                                     |
|                     |                                       |                      |  | amended filing  |
|                     |                                       |                      |  |   |
| Official Fo         | orm 108                               |                      |  |   |
| Stateme             | nt of Intention for                   | <sup>1</sup> Individ | uals Filing Under Chapt  | er 7  |
|                     |                                       |                      |  |   |
| f vou are an ind    | lividual filing under chapter 7, yo   | ou must fill out     | this form if:  |   |
|                     | e claims secured by your proper       |                      |  |   |
| _                   | sed personal property and the le      |                      | nired  |   |
|                     |                                       |                      | file your bankruptcy petition or by the date s                           | et for the meeting of creditors,                          |
| whiche              | ever is earlier, unless the court e   |                      | e for cause. You must also send copies to t                              |   |
| on the              | form                                  |                      |  |   |
| f two married p     | eople are filing together in a join   | it case, both ar     | e equally responsible for supplying correct                              | information. Both debtors must                            |
|                     | nd date the form.                     |                      |  |   |
| Re as complete      | and accurate as nossible. If mor      | ro enaco ie noo      | ded, attach a separate sheet to this form. Or                            | the top of any additional pages                           |
|                     | our name and case number (if k        |                      | ded, attach a separate sheet to this form. Of                            | Title top of any additional pages,                        |
|                     | •                                     | ,                    |  |   |
| Part 1: List Y      | our Creditors Who Have Secure         | d Claims             |  |   |
| l. For anv credit   | tors that you listed in Part 1 of S   | chedule D: Cre       | ditors Who Have Claims Secured by Proper                                 | tv (Official Form 106D), fill in the                      |
| information b       | elow.                                 |                      |  |   |
| Identify the cr     | reditor and the property that is coll |                      | nat do you intend to do with the property that<br>cures a debt?          | at Did you claim the property<br>as exempt on Schedule C? |
| Craditaria          |                                       | _                    |  | <b></b>   |
| Creditor's          |                                       |                      | Surrender the property.  | □ No  |
| name:               |                                       |                      | Retain the property and redeem it.                                       | □Yes  |
| Description of      | f                                     | Ц                    | Retain the property and enter into a<br>Reaffirmation Agreement.         | <b>1</b> 103  |
| property            |                                       |                      | Retain the property and [explain]:                                       |   |
| securing debt       | :                                     |                      |  | _   |
| Creditor's          |                                       | П                    | Surrender the property.  | □ No  |
| name:               |                                       |                      | Retain the property and redeem it.                                       | <b>110</b>  |
|                     |                                       |                      | Retain the property and enter into a                                     | ☐ Yes   |
| Description of      | f                                     | _                    | Reaffirmation Agreement.   |   |
| property            |                                       |                      | Retain the property and [explain]:                                       |   |
| securing debt       | :                                     | _                    |  |   |
| Creditor's          |                                       |                      | Surrender the property.  | □ No  |
| name:               |                                       |                      | Retain the property and redeem it.                                       | LI INO  |
|                     |                                       |                      | Retain the property and redeem it.  Retain the property and enter into a | ☐ Yes   |
| Description of      | f                                     | Ц                    | Reaffirmation Agreement.   |   |
| property            |                                       |                      | Retain the property and [explain]:                                       |   |
| securing debt       | <b>:</b> :                            |                      | <del>-</del>   |   |

Official Form 108

Creditor's

Statement of Intention for Individuals Filing Under Chapter 7

☐ Surrender the property.

□ No

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| Debtor 1              | Tareq M Ghunaim  | Case number (if known)  |                                     |
|-----------------------|--|---|-------------------------------------|
| name:                 |  | <ul><li>☐ Retain the property and redeem it.</li><li>☐ Retain the property and enter into a</li></ul>                                     | ☐ Yes                               |
| Descrip               | otion of   | Reaffirmation Agreement.  |                                     |
| propert<br>securin    | -  | ☐ Retain the property and [explain]:  |                                     |
|                       |  |   | _                                   |
| For any u             | List Your Unexpired Personal Propensyline List Your Unexpired Personal Property lease that | at you listed in Schedule G: Executory Contracts and Unexpire   | d Leases (Official Form 106G), fill |
|                       |  | e leases. Unexpired leases are leases that are still in effect; the<br>erty lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2 |                                     |
| Describe              | your unexpired personal property le  | eases   | Will the lease be assumed?          |
| Lessor's r            |  |   | □ No                                |
| Property:             | on of leased   |   | ☐ Yes                               |
| Lessor's r            |  |   | □ No                                |
| Description Property: | on of leased   |   | ☐ Yes                               |
| Lessor's r            | name:  |   | □ No                                |
| Description Property: | on of leased   |   | ☐ Yes                               |
| Lessor's r            |  |   | □ No                                |
| Property:             | on of leased   |   | ☐ Yes                               |
| Lessor's r            |  |   | □ No                                |
| Property:             | on of leased   |   | ☐ Yes                               |
| Lessor's r            |  |   | □ No                                |
| Description Property: | on of leased   |   | ☐ Yes                               |
| Lessor's r            | name:  |   | □ No                                |
| Description Property: | on of leased   |   | ☐ Yes                               |
| Part 3:               | Sign Below   |   |                                     |
| Under per             |  | indicated my intention about any property of my estate that se  | cures a debt and any personal       |
|                       | areq M Ghunaim   | X Signature of Debtor 2   |                                     |
|                       | eq M Ghunaim<br>ature of Debtor 1  | Signature of Debtor 2   |                                     |
| Date                  | March 6, 2019  | Date  |                                     |

Official Form 108

| Fill in this info                                       | rmation to identify your case:  |   |                                       |                         |                                     | irected in this form and                               | in Form                           |
|---|---|---|---------------------------------------|-------------------------|-------------------------------------|--|-----------------------------------|
| Debtor 1  | Tareq M Ghunaim   |   | 12                                    | 2A-1Sup                 | p:                                  |  |                                   |
| Debtor 2<br>(Spouse, if filing)                         |   |   |                                       | ■ 1. Th                 | ere is no pres                      | umption of abuse                                       |                                   |
| United States   | Bankruptcy Court for the: Western District o  | f Michigan                                |                                       | ap                      | plies will be m                     | o determine if a presur                                | •                                 |
| Case number   |   |   |                                       | ☐ 3. Th                 | e Means Test                        | cial Form 122A-2). does not apply now be               |                                   |
|   |   |   |                                       | •                       |                                     | service but it could ap                                | ply later.                        |
| Official D  | Form 122A - 1   |   |                                       | ⊔ Che                   | ck if this is a                     | n amended filing                                       |                                   |
|   | <del></del>   |   | 41.1                                  |                         |                                     |  |                                   |
| Chapter   | 7 Statement of Your Cur   | rent Moi                                  | nthly inc                             | ome                     | !                                   |  | 12/15                             |
| attach a separa<br>case number (if<br>qualifying milita | and accurate as possible. If two married people a<br>te sheet to this form. Include the line number to w<br>known). If you believe that you are exempted fro<br>ary service, complete and file Statement of Exemp<br>alculate Your Current Monthly Income | hich the addition<br>m a presumption      | nal information a<br>of abuse becau   | applies. (<br>ise you d | On the top of ar<br>o not have prin | ny additional pages, writ<br>narily consumer debts o   | te your name and<br>or because of |
| 1. What is  | your marital and filing status? Check one or  | nly.                                      |                                       |                         |                                     |  |                                   |
| _   | narried. Fill out Column A. lines 2-11.   | ,   |                                       |                         |                                     |  |                                   |
| ☐ Marri   | ed and your spouse is filing with you. Fill ou  | ut both Columns                           | A and B. lines                        | 2-11.                   |                                     |  |                                   |
| _   | ed and your spouse is NOT filing with you.  |   |                                       |                         |                                     |  |                                   |
|   | ring in the same household and are not lega   | •   | •                                     | lumns A                 | and B. lines 2                      | 2-11.  |                                   |
| □ Liv<br>pe   | ring separately or are legally separated. Fill inalty of perjury that you and your spouse are ling apart for reasons that do not include evading  | out Column A, li<br>egally separated      | nes 2-11; do no<br>d under nonbar     | ot fill out<br>nkruptcy | Column B. By law that applie        | checking this box, you                                 |                                   |
| 101(10A). For<br>the 6 months                           | rerage monthly income that you received from all<br>or example, if you are filing on September 15, the 6-m<br>s, add the income for all 6 months and divide the total<br>the same rental property, put the income from that p                             | onth period would<br>by 6. Fill in the re | be March 1 thro<br>sult. Do not inclu | ugh Augu<br>de any ind  | st 31. If the amo                   | ount of your monthly incon<br>ore than once. For examp | ne varied during<br>ble, if both  |
| ·   |   |   |                                       | Columi<br>Debtor        |                                     | Column B Debtor 2 or non-filing spouse                 |                                   |
| •   | oss wages, salary, tips, bonuses, overtime, eductions).   | and commission                            | ons (before all                       | \$                      | 1,858.00                            | \$   |                                   |
|   | and maintenance payments. Do not include B is filled in.  | payments from                             | a spouse if                           | \$                      | 0.00                                | \$   |                                   |
| of you o<br>from an<br>and roon                         | unts from any source which are regularly paryour dependents, including child support unmarried partner, members of your household nmates. Include regular contributions from a spon on tinclude payments you listed on line 3.                            | Include regula<br>d, your depende         | r contributions<br>nts, parents,      | \$                      | 0.00                                | \$   |                                   |
|   | me from operating a business, profession,   | or farm                                   |                                       | *                       |                                     | <u> </u>   |                                   |
|   | g, p  |   | otor 1                                |                         |                                     |  |                                   |
| Gross re  | ceipts (before all deductions)  | \$ 0.00                                   |                                       |                         |                                     |  |                                   |
| Ordinary  | and necessary operating expenses  | -\$ 0.00                                  |                                       |                         |                                     |  |                                   |
| Net mon   | thly income from a business, profession, or far   | m \$ <b>0.00</b>                          | Copy here ->                          | •\$                     | 0.00                                | \$   |                                   |
| 6. Net inco   | me from rental and other real property  |   |                                       |                         |                                     |  |                                   |
|   |   |   | otor 1                                |                         |                                     |  |                                   |
|   | ceipts (before all deductions)  | \$ 0.00                                   |                                       |                         |                                     |  |                                   |
| •   | and necessary operating expenses  | -\$ 0.00                                  | Copy here ->                          | . ¢                     | 0.00                                | \$   |                                   |
|   | thly income from rental or other real property  | \$  | Copy nere ->                          |                         | 0.00                                | \$   |                                   |
| 7 Interest.   | dividends, and rovalties  |   |                                       | \$                      | 0.00                                | Ψ  |                                   |

Official Form 122A-1

| ebtor 1        | Tareq M Ghunaim  |   |                              |         | Case number       | er ( <i>if known</i> ) |                              |         |             |                 |
|----------------|--|---|------------------------------|---------|-------------------|------------------------|------------------------------|---------|-------------|-----------------|
|                |  |   |                              |         | Column A Debtor 1 |                        | Column<br>Debtor<br>non-fili | 2 or    | oouse       |                 |
| 8. <b>U</b>    | nemployment compensation   |   |                              |         | \$                | 0.00                   | \$                           |         |             |                 |
|                | o not enter the amount if you contend the<br>ne Social Security Act. Instead, list it here   |   | as a benefit                 | under   |                   |                        |                              |         |             |                 |
|                | For you  | \$  | 0.00                         | )       |                   |                        |                              |         |             |                 |
|                | For your spouse  |   |                              | _       |                   |                        |                              |         |             |                 |
| be             | ension or retirement income. Do not in enefit under the Social Security Act.   | •   |                              |         | \$                | 0.00                   | \$                           |         |             |                 |
| De<br>re<br>de | ncome from all other sources not lister<br>to not include any benefits received under<br>eceived as a victim of a war crime, a crim<br>omestic terrorism. If necessary, list other<br>total below. | r the Social Security Act of against humanity, or int | or payments<br>ternational o | r       |                   |                        |                              |         |             |                 |
|                | ·  |   |                              | _       | \$                | 0.00                   | \$                           |         |             |                 |
|                |  |   |                              | _       | \$                | 0.00                   | \$                           |         |             |                 |
|                | Total amounts from separate pag  | es, if any.   |                              | +       | \$                | 0.00                   | \$                           |         |             |                 |
|                | alculate your total current monthly incach column. Then add the total for Colum  |   |                              | \$      | 1,858.00          | + \$_                  |                              | _ ]:    | = \$        | 1,858.00        |
|                |  |   | L                            |         |                   |                        |                              |         | Total       | current monthly |
| art 2:         | Determine Whether the Means To   | est Applies to You                                    |                              |         |                   |                        |                              |         |             |                 |
| 12 <b>C</b> :  | alculate your current monthly income   | for the year. Follow thes                             | se stens:                    |         |                   |                        |                              |         |             |                 |
|                | 2a. Copy your total current monthly incor  | -   | •                            |         | Con               | y line 11              | hara->                       |         | \$          | 1 050 00        |
| 12             | za. Copy your total current monthly incom  | ne nom me 11  |                              |         | Cop               | y iiiie i i            | 11616->                      |         | Ψ           | 1,858.00        |
|                | Multiply by 12 (the number of months   | in a vear)  |                              |         |                   |                        |                              |         |             | 12              |
| 4.             | , , , ,  | ,   |                              |         |                   |                        |                              | 12b.    |             | 22,296.00       |
| 14             | 2b. The result is your annual income for   | ins part of the form                                  |                              |         |                   |                        |                              | 120.    | <b> </b> \$ |                 |
| 13. <b>C</b>   | alculate the median family income that   | t applies to you. Follow                              | these steps:                 | :       |                   |                        |                              | '       |             |                 |
| Fi             | ill in the state in which you live.  | MI  |                              |         |                   |                        |                              |         |             |                 |
|                | ,  |   |                              |         |                   |                        |                              |         |             |                 |
| Fi             | ill in the number of people in your housel   | nold. 3   |                              |         |                   |                        |                              |         |             |                 |
| Fi             | ill in the median family income for your s   | ate and size of household                             | d.                           |         |                   |                        |                              | 13.     | \$          | 73,262.00       |
|                | o find a list of applicable median income  |   | the link spe                 |         |                   |                        |                              |         |             |                 |
| to             | or this form. This list may also be available  | e at the bankruptcy clerk                             | 's office.                   |         |                   |                        |                              |         |             |                 |
| 14. <b>H</b>   | ow do the lines compare?   |   |                              |         |                   |                        |                              |         |             |                 |
| 14             | 4a. Line 12b is less than or equa  | to line 13. On the top of                             | page 1, che                  | ck box  | 1, There is       | no presur              | nption of a                  | buse.   |             |                 |
| 14             | Go to Part 3.  4b. Line 12b is more than line 13 Go to Part 3 and fill out Form  |   | neck box 2, 7                | The pr  | esumption o       | f abuse is             | determine                    | d by I  | Form 1      | 22A-2.          |
| art 3:         |  |   |                              |         |                   |                        |                              |         |             |                 |
|                | By signing here, I declare under pena  | alty of periury that the info                         | ormation on t                | this st | atement and       | in any att             | achments                     | is true | e and o     | correct.        |
|                |  | ,               |                              |         |                   | , , , , , ,            |                              |         |             |                 |
|                | X /s/ Tareq M Ghunaim Tareq M Ghunaim Signature of Debtor 1  |   |                              |         |                   |                        |                              |         |             |                 |
| [              | Date March 6, 2019   |   |                              |         |                   |                        |                              |         |             |                 |
|                | MM / DD / YYYY   |   |                              |         |                   |                        |                              |         |             |                 |
|                | If you checked line 14a, do NOT fill o   | ut or file Form 122A-2.                               |                              |         |                   |                        |                              |         |             |                 |
|                | If you checked line 14b, fill out Form   | 122A-2 and file it with this                          | s form.                      |         |                   |                        |                              |         |             |                 |

Debtor 1

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: |   | Liquidation        |  |
|------------|---|--------------------|--|
| \$24       | 5 | filing fee         |  |
| \$7        | 5 | administrative fee |  |
| + \$1      | 5 | trustee surcharge  |  |
| \$33       | 5 | total fee          |  |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case:19-00855-swd Doc #:1 Filed: 03/06/19 Page 48 of 50

### United States Bankruptcy Court Western District of Michigan

|       |                                | , , escenti 2 isentes of introduction                |                     |                       |
|-------|--------------------------------|--|---------------------|-----------------------|
| In re | Tareq M Ghunaim                |  | Case No. Chapter    |                       |
|       |                                | Debtor(s)  |                     | 7                     |
|       | VE                             | RIFICATION OF CREDITOR                               | MATRIX              |                       |
| e abo | ove-named Debtor hereby verifi | es that the attached list of creditors is true and c | correct to the best | of his/her knowledge. |
| Date: | March 6, 2019                  | /s/ Tareq M Ghunaim                                  |                     |                       |
|       |                                | Tareq M Ghunaim                                      |                     |                       |
|       |                                | Signature of Debtor                                  |                     |                       |

AFNI PO BOX 3097 BLOOMINGTON IL 61702

ALDOUS AND ASSOCIATES PO BOX 171374 SALT LAKE CITY UT 84117

ALLIED BUSINESS SERVICES PO BOX 1799 HOLLAND MI 49422

CACH LLC C/O RESURGENT CAPITAL SERVICES PO BOX 1269 GREENVILLE SC 29603

CHASE CARD PO BOX 15298 WILMINGTON DE 19850

CONSUMERS ENERGY PO BOX 740309 CINCINNATI OH 45274

FIRST PREMIER BANK 3820 N. LOUISE AVE SIOUX FALLS SD 57107

GFSII DBA GATEWAY FN PO BOX 3257 SAGINAW MI 48605

INDEPENDENT RECOVERY RES 24 RAILRAOD AVE PATCHOGUE NY 11772

JEFFERSON CAPITAL SYSTEM 16 MCLELAND ROAD SAINT CLOUD MN 56303

KRYSTLE TURNER 1813 VIRGINIA ST. BIRMINGHAM AL 35217-2435 LANSING BOARD OF WATER & LIGHT P.O. BOX 13007
LANSING MI 48901-3007

MCLAREN GREATER LANSING P.O. BOX 441575
DETROIT MI 48244-1575

MIDLAND FUNDING 2365 NORTHSIDE DR. #300 SAN DIEGO CA 92108

ORBIT LEASING 1515 28TH ST SW WYOMING MI 49509

PENN CREDIT 916 S. 14TH STREET P.O. BOX 988 HARRISBURG PA 17108-0988

RMP SERVICES 8155 EXECUTIVE COURT SUITE 10 LANSING MI 48917-7774

SPARROW
PAYMENT PROCESSING CENTER
7364 SOLUTION CENTER
CHICAGO IL 60677-7003

UNITED ADJUSTMENT CORPOR PO BOX 147 KENTLAND IN 47951